

880 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	610	7,654	\$ 310,345.84	\$ 40.55	8.698	\$ 508.76	\$ 352.67
@PHYSICIANS SERVICES	152	562	\$ 8,633.50	\$ 15.36	.639	\$ 56.80	\$ 9.81
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	152	562	8,633.50	15.36	.639	56.80	9.81
@PHARMACY	520	2,549	\$ 163,372.79	\$ 64.09	2.897	\$ 314.18	\$ 185.65
PRESCRIPTION DRUGS	518	2,445	157,552.18	64.44	2.778	304.15	179.04
SNF/ICF	12	86	3,257.83	37.88	.098	271.49	3.70
OUTPATIENTS	508	2,359	154,294.35	65.41	2.681	303.73	175.33
MEDICAL SUPPLIES	40	104	5,820.61	55.97	.118	145.52	6.61
@DENTIST	32	82	\$ 9,531.00	\$ 116.23	.093	\$ 297.84	\$ 10.83
VISITS - DIAGNOSTIC	15	34	499.00	14.68	.039	33.27	.57
ORAL SURGERY	3	13	479.00	36.85	.015	159.67	.54
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.001	200.00	.23
ENDODONTICS	4	4	1,065.00	266.25	.005	266.25	1.21
RESTORATIVE DENTISTRY	8	9	2,243.00	249.22	.010	280.38	2.55
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	12	21	5,045.00	240.24	.024	420.42	5.73
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

880 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	29	\$ 842.95	\$ 29.07	.033	\$ 76.63	\$ .96
DIAGNOSTIC AND ANC. PROCED	7	7	332.15	47.45	.008	47.45	.38
EYE APPLIANCES	7	19	407.30	21.44	.022	58.19	.46
OTHER OPTOMETRIC SERVICES	3	3	103.50	34.50	.003	34.50	.12
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	52	231	\$ 14,496.36	\$ 62.75	.263	\$ 278.78	\$ 16.47
HOSP INPATIENT TOTAL	18	77	10,672.27	138.60	.088	592.90	12.13
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	18	77	10,672.27	138.60	.088	592.90	12.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	35	154	3,824.09	24.83	.175	109.26	4.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	35	154	3,824.09	24.83	.175	109.26	4.35
@COUNTY HOSPITAL TOTAL	22	97	\$ 5,672.66	\$ 58.48	.110	\$ 257.85	\$ 6.45
CO HOSPITAL INPATIENT TOTAL	6	43	4,409.55	102.55	.049	734.93	5.01
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	43	4,409.55	102.55	.049	734.93	5.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	16	54	1,263.11	23.39	.061	78.94	1.44
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	16	54	1,263.11	23.39	.061	78.94	1.44

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TRINITY COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - AGED      AID CODE 10

880 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	31	134	\$ 8,823.70	\$ 65.85	.152	\$ 284.64	\$ 10.03
COMM HOSP INPATIENT TOTAL	12	34	6,262.72	184.20	.039	521.89	7.12
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12	34	6,262.72	184.20	.039	521.89	7.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	20	100	2,560.98	25.61	.114	128.05	2.91
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	20	100	2,560.98	25.61	.114	128.05	2.91
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	17	395	\$ 91,982.93	\$ 232.87	.449	\$ 5410.76	\$ 104.53
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	17	395	91,982.93	232.87	.449	5410.76	104.53
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	12	\$ 61.83	\$ 5.15	.014	\$ 8.83	\$ .07
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	7	12	61.83	5.15	.014	8.83	.07
@ORGANIZED OUTPATIENT CLINIC	61	88	\$ 3,851.53	\$ 43.77	.100	\$ 63.14	\$ 4.38
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	1	532.00	532.00	.001	532.00	.60
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	60	87	3,319.53	38.16	.099	55.33	3.77

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TRINITY COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CASH GRANT - AGED

AID CODE 10

01/17/03

880 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	149	3,706	\$ 17,572.95	\$ 4.74	4.211	\$ 117.94	\$ 19.97
DURABLE MED. EQUIP.	5	9	5,396.05	599.56	.010	1079.21	6.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	8	1,762.35	220.29	.009	440.59	2.00
MEDICAL TRANSPORTATION	26	531	2,753.77	5.19	.603	105.91	3.13
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	7	75	358.28	4.78	.085	51.18	.41
OTHER SERVICES	21	456	2,395.49	5.25	.518	114.07	2.72
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	25	309.80	12.39	.028	25.82	.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	78.86	39.43	.002	78.86	.09
PROSTHETICS	1	2	78.86	39.43	.002	78.86	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	113	3,131	7,272.12	2.32	3.558	64.36	8.26
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	273	1,501	\$ 46,506.89	\$ 30.98	1.706	\$ 170.35	\$ 52.85

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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FEE-FOR-SERVICE/DENTAL

01/17/03

TRINITY COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

153 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	111	2,145	\$ 56,787.34	\$ 26.47	14.020	\$ 511.60	\$ 371.16
@PHYSICIANS SERVICES	28	61	\$ 2,224.05	\$ 36.46	.399	\$ 79.43	\$ 14.54
OUTPATIENT VISITS	10	14	518.79	37.06	.092	51.88	3.39
OFFICE VISITS	9	13	450.44	34.65	.085	50.05	2.94
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.007	68.35	.45
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	3	148.80	49.60	.020	148.80	.97
HOSPITAL VISITS	1	3	148.80	49.60	.020	148.80	.97
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		94.94	47.47	.013	47.47	.62
EXAMINATIONS	2	2		94.94	47.47	.013	47.47	.62
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2		485.48	242.74	.013	242.74	3.17
PRINCIPAL SURGEON	2	2		485.48	242.74	.013	242.74	3.17
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		12.78	12.78	.007	12.78	.08
RADIOLOGY	6	6		64.87	10.81	.039	10.81	.42
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	17	33		898.39	27.22	.216	52.85	5.87
@PHARMACY	94	1,246	\$	22,154.49	\$ 17.78	8.144	\$ 235.69	\$ 144.80
PRESCRIPTION DRUGS	89	325		18,620.76	57.29	2.124	209.22	121.70
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	89	325		18,620.76	57.29	2.124	209.22	121.70
MEDICAL SUPPLIES	18	921		3,533.73	3.84	6.020	196.32	23.10
@DENTIST	7	36	\$	1,127.00	\$ 31.31	.235	\$ 161.00	\$ 7.37
VISITS - DIAGNOSTIC	5	17		202.00	11.88	.111	40.40	1.32
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		215.00	215.00	.007	215.00	1.41
RESTORATIVE DENTISTRY	2	6		307.00	51.17	.039	153.50	2.01
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	1	12	403.00	33.58	.078	403.00	2.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,814  
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TRINITY COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

153 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	7	\$ 133.15	\$ 19.02	.046	\$ 66.58	\$ .87
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.007	47.45	.31
EYE APPLIANCES	2	6	85.70	14.28	.039	42.85	.56
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 6.29	\$ 6.29	.007	\$ 6.29	\$ .04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	6.29	6.29	.007	6.29	.04
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	3	4	\$ 85.80	\$ 21.45	.026	\$ 28.60	\$ .56
@TOTAL HOSPITAL	26	253	\$ 11,190.72	\$ 44.23	1.654	\$ 430.41	\$ 73.14
HOSP INPATIENT TOTAL	2	13	6,855.92	527.38	.085	3427.96	44.81
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	6,835.92	2278.64	.020	6835.92	44.68
ACCOMMODATIONS	1	3	1,687.50	562.50	.020	1687.50	11.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,687.50	562.50	.020	1687.50	11.03
ANCILLARIES	1	0	5,148.42	.00	.000	5148.42	33.65
INPATIENT CROSSOVERS	1	10	20.00	2.00	.065	20.00	.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	25	240	4,334.80	18.06	1.569	173.39	28.33
MEDICAL	18	28	1,429.10	51.04	.183	79.39	9.34
SURGERY	1	1	105.42	105.42	.007	105.42	.69
PATHOLOGY	11	49	491.91	10.04	.320	44.72	3.22
RADIOLOGY	5	5	161.35	32.27	.033	32.27	1.05
ROOM USE	14	31	1,037.44	33.47	.203	74.10	6.78
CROSSOVERS/ALL OTH OUTPTNT	8	126	1,109.58	8.81	.824	138.70	7.25
@COUNTY HOSPITAL TOTAL	14	104	\$ 9,312.11	\$ 89.54	.680	\$ 665.15	\$ 60.86
CO HOSPITAL INPATIENT TOTAL	1	3	6,835.92	2278.64	.020	6835.92	44.68
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	6,835.92	2278.64	.020	6835.92	44.68
ACCOMMODATIONS	1	3	1,687.50	562.50	.020	1687.50	11.03
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,687.50	562.50	.020	1687.50	11.03
ANCILLARIES	1	0	5,148.42	.00	.000	5148.42	33.65

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	101	2,476.19	24.52	.660	176.87	16.18
MEDICAL	13	18	1,084.06	60.23	.118	83.39	7.09
SURGERY	1	1	105.42	105.42	.007	105.42	.69
PATHOLOGY	9	44	422.16	9.59	.288	46.91	2.76
RADIOLOGY	4	4	132.66	33.17	.026	33.17	.87
ROOM USE	6	7	389.34	55.62	.046	64.89	2.54
CROSSOVERS/ALL OTH OUTPTNT	5	27	342.55	12.69	.176	68.51	2.24

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153 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	149	\$ 1,878.61	\$ 12.61	.974	\$ 144.51	\$ 12.28
COMM HOSP INPATIENT TOTAL	1	10	20.00	2.00	.065	20.00	.13
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	10	20.00	2.00	.065	20.00	.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12	139	1,858.61	13.37	.908	154.88	12.15
MEDICAL	5	10	345.04	34.50	.065	69.01	2.26
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	5	69.75	13.95	.033	34.88	.46
RADIOLOGY	1	1	28.69	28.69	.007	28.69	.19
ROOM USE	9	24	648.10	27.00	.157	72.01	4.24
CROSSOVERS/ALL OTH OUTPTNT	3	99	767.03	7.75	.647	255.68	5.01
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$ 2,574.00	\$ .00	.000	\$ 2574.00	\$ 16.82
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	0	2,574.00	.00	.000	2574.00	16.82
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	2	\$ 42.38	\$ 21.19	.013	\$ 42.38	\$ .28
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	2	42.38	21.19	.013	42.38	.28
@LABORATORY FACILITY	9	28	\$ 545.33	\$ 19.48	.183	\$ 60.59	\$ 3.56
PATHOLOGY	9	28	545.33	19.48	.183	60.59	3.56
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	11	17	\$	1,566.47	\$	92.15	.111	\$	142.41	\$	10.24
CLINIC	2	4		57.95		14.49	.026		28.98		.38
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	13		1,508.52		116.04	.085		167.61		9.86

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TRINITY COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

153 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	29	490	\$ 15,137.66	\$ 30.89	3.203	\$ 521.99	\$ 98.94
DURABLE MED. EQUIP.	3	67	8,988.55	134.16	.438	2996.18	58.75
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	12	1,796.39	149.70	.078	299.40	11.74
MEDICAL TRANSPORTATION	5	221	1,999.52	9.05	1.444	399.90	13.07
AMBULANCES/AIR TRANS	4	105	900.42	8.58	.686	225.11	5.89
OTHER TRANS	1	116	1,099.10	9.48	.758	1099.10	7.18
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	47.60	7.93	.039	23.80	.31
PHYSICAL THERAPIST	6	25	350.93	14.04	.163	58.49	2.29
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	264.97	33.12	.052	66.24	1.73
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	118	1,476.68	12.51	.771	492.23	9.65
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	33	213.02	6.46	.216	71.01	1.39
@CALIF. CHILDREN SERVICES*	9	47	\$ 8,686.43	\$ 184.82	.307	\$ 965.16	\$ 56.77
@XOVER EXCLUDING STATE HOSP**	17	157	\$ 4,051.66	\$ 25.81	1.026	\$ 238.33	\$ 26.48

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,817
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6,254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,897	78,921	\$ 3,882,097.39	\$ 49.19	12.619	\$ 792.75	\$ 620.74
@PHYSICIANS SERVICES	1,670	6,264	\$ 260,881.09	\$ 41.65	1.002	\$ 156.22	\$ 41.71
OUTPATIENT VISITS	859	1,396	51,301.93	36.75	.223	59.72	8.20
OFFICE VISITS	755	1,161	38,677.47	33.31	.186	51.23	6.18
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	121	152	8,889.27	58.48	.024	73.47	1.42

PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	16	52		2,314.11	44.50	.008	144.63	.37
OTHER OUTPATIENT	22	31		1,421.08	45.84	.005	64.59	.23
INPATIENT VISITS	116	453		23,595.47	52.09	.072	203.41	3.77
HOSPITAL VISITS	105	408		18,852.09	46.21	.065	179.54	3.01
CRITICAL CARE	15	37		4,498.38	121.58	.006	299.89	.72
SNF/ICF/TRANS IP CARE	5	8		245.00	30.63	.001	49.00	.04
OPHTHALMOLOGICAL SERVICES	27	30		1,389.50	46.32	.005	51.46	.22
EXAMINATIONS	27	29		1,354.21	46.70	.005	50.16	.22
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29	.01
INPATIENT HOSPITAL SURGERY	47	281		32,615.06	116.07	.045	693.94	5.22
PRINCIPAL SURGEON	35	54		25,723.87	476.37	.009	734.97	4.11
ASSISTANT SURGEON	12	15		2,544.18	169.61	.002	212.02	.41
ANESTHESIOLOGIST	14	212		4,347.01	20.50	.034	310.50	.70
OUTPATIENT SURGERY	146	300		36,844.95	122.82	.048	252.36	5.89
PRINCIPAL SURGEON	134	195		33,953.21	174.12	.031	253.38	5.43
ASSISTANT SURGEON	2	2		236.42	118.21	.000	118.21	.04
ANESTHESIOLOGIST	20	103		2,655.32	25.78	.016	132.77	.42
DIALYSIS	10	58		5,308.64	91.53	.009	530.86	.85
PATHOLOGY	135	243		2,590.32	10.66	.039	19.19	.41
RADIOLOGY	495	917		46,436.50	50.64	.147	93.81	7.43
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	59	597		7,523.52	12.60	.095	127.52	1.20
OTHER SERVICES/ALL X-OVERS	697	1,989		53,275.20	26.78	.318	76.44	8.52
@PHARMACY	4,160	21,996	\$	1,622,578.44	\$ 73.77	3.517	\$ 390.04	\$ 259.45
PRESCRIPTION DRUGS	4,133	18,584		1,575,865.74	84.80	2.972	381.29	251.98
SNF/ICF	37	269		24,126.20	89.69	.043	652.06	3.86
OUTPATIENTS	4,098	18,315		1,551,739.54	84.73	2.929	378.66	248.12
MEDICAL SUPPLIES	224	3,412		46,712.70	13.69	.546	208.54	7.47
@DENTIST	376	1,357	\$	74,742.80	\$ 55.08	.217	\$ 198.78	\$ 11.95
VISITS - DIAGNOSTIC	234	714		11,143.00	15.61	.114	47.62	1.78
ORAL SURGERY	72	216		10,302.00	47.69	.035	143.08	1.65
DRUGS	3	6		73.00	12.17	.001	24.33	.01
ANESTHESIA	9	9		900.00	100.00	.001	100.00	.14
PERIODONTICS	10	11		2,000.00	181.82	.002	200.00	.32
ENDODONTICS	16	25		5,809.00	232.36	.004	363.06	.93
RESTORATIVE DENTISTRY	111	245		24,349.00	99.38	.039	219.36	3.89
PROSTHETICS	3	4		90.00	22.50	.001	30.00	.01
DENTURES, STAYPLATES	55	125		19,979.00	159.83	.020	363.25	3.19
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2		97.80	48.90	.000	48.90	.02
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OTHER SERVICES	1	4		66.88	16.72	.001	66.88	.01
@PODIATRIST	11	15	\$	580.88	\$ 38.73	.002	\$ 52.81	\$ .09
MEDICINE/INJECTIONS	8	8		239.60	29.95	.001	29.95	.04
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	5	7		341.28	48.75	.001	68.26	.05
@HOME HEALTH AGENCY	27	216	\$	14,497.06	\$ 67.12	.035	\$ 536.93	\$ 2.32
NURSE ANESTHESIST	3	23	\$	357.71	\$ 15.55	.004	\$ 119.24	\$ .06
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	2	2	\$	71.80	\$ 35.90	.000	\$ 35.90	\$ .01
@TOTAL HOSPITAL	1,205	7,147	\$	1,433,002.91	\$ 200.50	1.143	\$ 1189.21	\$ 229.13
HOSP INPATIENT TOTAL	120	629		1,243,336.95	1976.69	.101	10361.14	198.81
HSC HOSPITALS	2	11		15,185.00	1380.45	.002	7592.50	2.43
NON-HSC HOSPITAL TOTAL	87	506		1,206,621.73	2384.63	.081	13869.22	192.94
ACCOMMODATIONS	86	506		244,944.55	484.08	.081	2848.19	39.17
ADMINISTRATIVE DAYS	0	0		34.60CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	86	506		244,979.15	484.15	.081	2848.59	39.17
ANCILLARIES	87	0		961,677.18	.00	.000	11053.76	153.77
INPATIENT CROSSOVERS	31	112		21,530.22	192.23	.018	694.52	3.44
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,136	6,518		189,665.96	29.10	1.042	166.96	30.33
MEDICAL	421	806		38,827.56	48.17	.129	92.23	6.21
SURGERY	149	194		10,156.71	52.35	.031	68.17	1.62
PATHOLOGY	573	2,434		29,402.46	12.08	.389	51.31	4.70
RADIOLOGY	340	550		42,540.51	77.35	.088	125.12	6.80
ROOM USE	428	700		35,031.31	50.04	.112	81.85	5.60
CROSSOVERS/ALL OTH OUTPTNT	473	1,834		33,707.41	18.38	.293	71.26	5.39
@COUNTY HOSPITAL TOTAL	803	4,095	\$	405,823.44	\$ 99.10	.655	\$ 505.38	\$ 64.89
CO HOSPITAL INPATIENT TOTAL	54	172		290,621.32	1689.66	.028	5381.88	46.47
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	41	136	281,007.67	2066.23	.022	6853.85	44.93
ACCOMMODATIONS	41	136	71,521.50	525.89	.022	1744.43	11.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	41	136	71,521.50	525.89	.022	1744.43	11.44
ANCILLARIES	41	0	209,486.17	.00	.000	5109.42	33.50
INPATIENT CROSSOVERS	13	36	9,613.65	267.05	.006	739.51	1.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	775	3,923	115,202.12	29.37	.627	148.65	18.42
MEDICAL	329	630	30,926.45	49.09	.101	94.00	4.95
SURGERY	102	144	8,031.41	55.77	.023	78.74	1.28
PATHOLOGY	424	1,627	19,639.39	12.07	.260	46.32	3.14
RADIOLOGY	223	297	23,535.26	79.24	.047	105.54	3.76
ROOM USE	275	435	21,990.16	50.55	.070	79.96	3.52
CROSSOVERS/ALL OTH OUTPTNT	261	790	11,079.45	14.02	.126	42.45	1.77
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6,254 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	493	3,052	\$ 1,027,179.47	\$ 336.56	.488	\$ 2083.53	\$ 164.24	
COMM HOSP INPATIENT TOTAL	72	457	952,715.63	2084.72	.073	13232.16	152.34	
HSC HOSPITALS	2	11	15,185.00	1380.45	.002	7592.50	2.43	
NON-HSC HOSPITALS TOTAL	52	370	925,614.06	2501.66	.059	17800.27	148.00	
ACCOMMODATIONS	51	370	173,423.05	468.71	.059	3400.45	27.73	
ADMINISTRATIVE DAYS	0	0	34.60CR	.00	.000	.00	.01CR	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	51	370	173,457.65	468.80	.059	3401.13	27.74	
ANCILLARIES	52	0	752,191.01	.00	.000	14465.21	120.27	
INPATIENT CROSSOVERS	18	76	11,916.57	156.80	.012	662.03	1.91	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	439	2,595	74,463.84	28.70	.415	169.62	11.91	
MEDICAL	116	176	7,901.11	44.89	.028	68.11	1.26	
SURGERY	48	50	2,125.30	42.51	.008	44.28	.34	
PATHOLOGY	166	807	9,763.07	12.10	.129	58.81	1.56	
RADIOLOGY	129	253	19,005.25	75.12	.040	147.33	3.04	
ROOM USE	187	265	13,041.15	49.21	.042	69.74	2.09	
CROSSOVERS/ALL OTH OUTPTNT	233	1,044	22,627.96	21.67	.167	97.12	3.62	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	10	123	\$ 21,926.07	\$ 178.26	.020	\$ 2192.61	\$ 3.51	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	1	31	3,748.83	120.93	.005	3748.83	.60	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	9	92	18,177.24	197.58	.015	2019.69	2.91	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	25	205	\$ 26,570.73	\$ 129.61	.033	\$ 1062.83	\$ 4.25	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	25	205	26,570.73	129.61	.033	1062.83	4.25	

@REHABILITATION FACILITY	6	23	\$	476.01	\$	20.70	.004	\$	79.34	\$	.08
HOSPITAL BASED	1	13		264.11		20.32	.002		264.11		.04
INDEPENDENT FACILITY	5	10		211.90		21.19	.002		42.38		.03
@LABORATORY FACILITY	408	2,008	\$	29,376.08	\$	14.63	.321	\$	72.00	\$	4.70
PATHOLOGY	395	1,989		29,271.62		14.72	.318		74.11		4.68
XO AND OTHERS	13	19		104.46		5.50	.003		8.04		.02
@ORGANIZED OUTPATIENT CLINIC	1,247	2,079	\$	183,043.93	\$	88.04	.332	\$	146.79	\$	29.27
CLINIC	9	22		477.06		21.68	.004		53.01		.08
SURGICENTER	12	49		4,463.83		91.10	.008		371.99		.71
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,230	2,008		178,103.04		88.70	.321		144.80		28.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 15,820
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED										AID CODE 60

	6,254 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	769	36,965	\$	202,562.97	\$ 5.48	5.911	\$ 263.41	\$ 32.39
DURABLE MED. EQUIP.	137	483		75,958.41	157.26	.077	554.44	12.15
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	18	26		3,792.79	145.88	.004	210.71	.61
MEDICAL TRANSPORTATION	156	3,716		71,455.16	19.23	.594	458.05	11.43
AMBULANCES/AIR TRANS	115	2,764		40,156.45	14.53	.442	349.19	6.42
OTHER TRANS	2	224		384.99	1.72	.036	192.50	.06
OTHER SERVICES	50	728		30,913.72	42.46	.116	618.27	4.94
ACUPUNCTURE	2	2		43.25	21.63	.000	21.63	.01
ADULT DAY HEALTH CARE CTR	13	104		6,957.27	66.90	.017	535.17	1.11
GENETIC DISEASE TESTING	4	4		320.00	80.00	.001	80.00	.05
IHMC,MODEL-NF,NF,AIDS,MSSP	4	59		6,464.26	109.56	.009	1616.07	1.03
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	139	321		4,164.17	12.97	.051	29.96	.67
PHYSICAL THERAPIST	36	377		5,031.72	13.35	.060	139.77	.80
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	19	28		3,030.37	108.23	.004	159.49	.48
PROSTHETICS	11	17		2,677.67	157.51	.003	243.42	.43
ORTHOTICS	8	11		352.70	32.06	.002	44.09	.06
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	9	22		1,609.50	73.16	.004	178.83	.26
HOSPICE SERVICES	1	3		321.84	107.28	.000	321.84	.05
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	35	422		5,049.74	11.97	.067	144.28	.81
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	270	31,398		18,364.49	.58	5.020	68.02	2.94
@CALIF. CHILDREN SERVICES*	47	1,196	\$	91,934.26	\$ 76.87	.191	\$ 1956.05	\$ 14.70
@XOVER EXCLUDING STATE HOSP**	642	3,364	\$	82,828.75	\$ 24.62	.538	\$ 129.02	\$ 13.24

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,821
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G	

	7,266 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	3,555	23,296	\$	1,000,320.99	\$	42.94	3.206	\$	281.38	\$	137.67
@PHYSICIANS SERVICES	1,034	2,042	\$	96,472.97	\$	47.24	.281	\$	93.30	\$	13.28
OUTPATIENT VISITS	736	1,002		38,876.04		38.80	.138		52.82		5.35
OFFICE VISITS	658	854		31,949.19		37.41	.118		48.56		4.40
HOME VISITS	1	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	49	51		2,453.67		48.11	.007		50.07		.34
PREVENTIVE CARE	1	1		37.39		37.39	.000		37.39		.01
OB VISITS/COMPRE PERI	27	78		3,769.99		48.33	.011		139.63		.52
OTHER OUTPATIENT	16	18		665.80		36.99	.002		41.61		.09
INPATIENT VISITS	36	101		5,650.27		55.94	.014		156.95		.78
HOSPITAL VISITS	36	95		4,978.70		52.41	.013		138.30		.69
CRITICAL CARE	2	6		671.57		111.93	.001		335.79		.09
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	22	28		1,207.10		43.11	.004		54.87		.17
EXAMINATIONS	22	28		1,207.10		43.11	.004		54.87		.17
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	37	132		17,616.99		133.46	.018		476.13		2.42
PRINCIPAL SURGEON	26	30		13,994.76		466.49	.004		538.26		1.93
ASSISTANT SURGEON	4	4		708.91		177.23	.001		177.23		.10
ANESTHESIOLOGIST	11	98		2,913.32		29.73	.013		264.85		.40
OUTPATIENT SURGERY	51	96		10,625.14		110.68	.013		208.34		1.46
PRINCIPAL SURGEON	48	55		9,732.50		176.95	.008		202.76		1.34
ASSISTANT SURGEON	1	1		93.08		93.08	.000		93.08		.01
ANESTHESIOLOGIST	6	40		799.56		19.99	.006		133.26		.11
DIALYSIS	1	1		54.12		54.12	.000		54.12		.01
PATHOLOGY	96	109		888.33		8.15	.015		9.25		.12
RADIOLOGY	279	378		13,405.93		35.47	.052		48.05		1.85
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	20	28		743.97		26.57	.004		37.20		.10
OTHER SERVICES/ALL X-OVERS	83	167		7,405.08		44.34	.023		89.22		1.02
@PHARMACY	1,849	4,562	\$	260,447.29	\$	57.09	.628	\$	140.86	\$	35.84
PRESCRIPTION DRUGS	1,839	4,436		254,186.10		57.30	.611		138.22		34.98
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,839	4,436		254,186.10		57.30	.611		138.22		34.98
MEDICAL SUPPLIES	41	126		6,261.19		49.69	.017		152.71		.86
@DENTIST	381	1,380	\$	51,571.05	\$	37.37	.190	\$	135.36	\$	7.10
VISITS - DIAGNOSTIC	284	859		15,664.25		18.24	.118		55.16		2.16
ORAL SURGERY	41	105		5,185.00		49.38	.014		126.46		.71
DRUGS	2	4		45.00		11.25	.001		22.50		.01
ANESTHESIA	5	5		500.00		100.00	.001		100.00		.07
PERIODONTICS	5	5		710.00		142.00	.001		142.00		.10
ENDODONTICS	24	56		7,985.00		142.59	.008		332.71		1.10
RESTORATIVE DENTISTRY	126	301		18,694.80		62.11	.041		148.37		2.57
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	7	36		1,943.00		53.97	.005		277.57		.27
SPACE MAINTAINERS	2	4		444.00		111.00	.001		222.00		.06
MAXILLOFACIAL SERVICES	1	1		300.00		300.00	.000		300.00		.04
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	2	2		100.00		50.00	.000		50.00		.01
ALL OTHER SERVICES	1	2		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

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01/17/03

7,266 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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----- MONTHLY AVERAGE -----

@OPTOMETRIST	130	376	\$	8,862.34	\$	23.57	.052	\$	68.17	\$	1.22
DIAGNOSTIC AND ANC. PROCED	101	102		4,715.15		46.23	.014		46.68		.65
EYE APPLIANCES	97	272		4,069.99		14.96	.037		41.96		.56
OTHER OPTOMETRIC SERVICES	2	2		77.20		38.60	.000		38.60		.01
@CHIROPRACTOR	7	10	\$	167.20	\$	16.72	.001	\$	23.89	\$	.02
VISITS	7	10		167.20		16.72	.001		23.89		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	4	\$	209.98	\$	52.50	.001	\$	104.99	\$	.03
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	1	2	\$	144.24	\$	72.12	.000	\$	144.24	\$	.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	2	\$	52.36	\$	26.18	.000	\$	52.36	\$	.01
@TOTAL HOSPITAL	1,013	4,118	\$	350,946.85	\$	85.22	.567	\$	346.44	\$	48.30
HOSP INPATIENT TOTAL	41	131		229,949.39		1755.34	.018		5608.52		31.65
HSC HOSPITALS	5	23		34,817.00		1513.78	.003		6963.40		4.79
NON-HSC HOSPITAL TOTAL	36	108		195,132.39		1806.78	.015		5420.34		26.86
ACCOMMODATIONS	36	108		45,410.74		420.47	.015		1261.41		6.25
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	36	108		45,410.74		420.47	.015		1261.41		6.25
ANCILLARIES	36	0		149,721.65		.00	.000		4158.93		20.61
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	998	3,987		120,997.46		30.35	.549		121.24		16.65
MEDICAL	595	850		38,431.31		45.21	.117		64.59		5.29
SURGERY	127	170		8,755.49		51.50	.023		68.94		1.20
PATHOLOGY	412	1,354		15,716.66		11.61	.186		38.15		2.16
RADIOLOGY	237	290		17,459.13		60.20	.040		73.67		2.40
ROOM USE	487	640		28,287.59		44.20	.088		58.09		3.89
CROSSOVERS/ALL OTH OUTPTNT	313	683		12,347.28		18.08	.094		39.45		1.70
@COUNTY HOSPITAL TOTAL	808	2,963	\$	158,300.67	\$	53.43	.408	\$	195.92	\$	21.79
CO HOSPITAL INPATIENT TOTAL	16	38		67,436.20		1774.64	.005		4214.76		9.28
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	16	38		67,436.20		1774.64	.005		4214.76		9.28
ACCOMMODATIONS	16	38		17,740.25		466.85	.005		1108.77		2.44
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	16	38		17,740.25		466.85	.005		1108.77		2.44
ANCILLARIES	16	0		49,695.95		.00	.000		3106.00		6.84
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	803	2,925		90,864.47		31.06	.403		113.16		12.51
MEDICAL	527	743		33,196.18		44.68	.102		62.99		4.57
SURGERY	99	141		7,416.37		52.60	.019		74.91		1.02
PATHOLOGY	319	957		10,951.94		11.44	.132		34.33		1.51
RADIOLOGY	188	226		11,016.53		48.75	.031		58.60		1.52
ROOM USE	350	423		19,706.10		46.59	.058		56.30		2.71
CROSSOVERS/ALL OTH OUTPTNT	236	435		8,577.35		19.72	.060		36.34		1.18

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,823

MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

TRINITY COUNTY      SUMMARY OF SERVICES FOR      CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

7,266 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	242	1,155	\$ 192,646.18	\$ 166.79	.159	\$ 796.06	\$ 26.51
COMM HOSP INPATIENT TOTAL	25	93	162,513.19	1747.45	.013	6500.53	22.37
HSC HOSPITALS	5	23	34,817.00	1513.78	.003	6963.40	4.79
NON-HSC HOSPITALS TOTAL	20	70	127,696.19	1824.23	.010	6384.81	17.57
ACCOMMODATIONS	20	70	27,670.49	395.29	.010	1383.52	3.81
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	70	27,670.49	395.29	.010	1383.52	3.81
ANCILLARIES	20	0	100,025.70	.00	.000	5001.29	13.77
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	225	1,062	30,132.99	28.37	.146	133.92	4.15
MEDICAL	72	107	5,235.13	48.93	.015	72.71	.72
SURGERY	29	29	1,339.12	46.18	.004	46.18	.18
PATHOLOGY	103	397	4,764.72	12.00	.055	46.26	.66
RADIOLOGY	49	64	6,442.60	100.67	.009	131.48	.89
ROOM USE	144	217	8,581.49	39.55	.030	59.59	1.18
CROSSOVERS/ALL OTH OUTPTNT	83	248	3,769.93	15.20	.034	45.42	.52
@STATE HOSPITAL	0	0	\$ 13,400.00	\$ .00	.000	\$ .00	\$ 1.84
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	13,400.00	.00	.000	.00	1.84
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	262	787	\$ 18,792.20	\$ 23.88	.108	\$ 71.73	\$ 2.59
PATHOLOGY	262	787	18,792.20	23.88	.108	71.73	2.59
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	911	1,522	\$ 158,129.56	\$ 103.90	.209	\$ 173.58	\$ 21.76
CLINIC	50	199	5,509.45	27.69	.027	110.19	.76
SURGICENTER	1	1	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	868	1,322	152,620.11	115.45	.182	175.83	21.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
TRINITY COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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	7,266 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	364	8,491	\$ 41,124.95	\$ 4.84	1.169	\$ 112.98	\$ 5.66	
DURABLE MED. EQUIP.	6	7	384.63	54.95	.001	64.11	.05	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	2	4	210.18	52.55	.001	105.09	.03	
MEDICAL TRANSPORTATION	49	994	22,094.07	22.23	.137	450.90	3.04	
AMBULANCES/AIR TRANS	47	989	13,094.07	13.24	.136	278.60	1.80	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	5	5	9,000.00	1800.00	.001	1800.00	1.24	
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	14	14	1,067.00	76.21	.002	76.21	.15	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	1	8	152.24	19.03	.001	152.24	.02	
OPTICIAN	95	211	1,964.53	9.31	.029	20.68	.27	
PHYSICAL THERAPIST	8	104	1,432.18	13.77	.014	179.02	.20	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	10	18	2,134.64	118.59	.002	213.46	.29	
PROSTHETICS	6	15	2,040.34	136.02	.002	340.06	.28	
ORTHOTICS	4	3	94.30	31.43	.000	23.58	.01	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	8	17	809.21	47.60	.002	101.15	.11	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	173	713	8,512.50	11.94	.098	49.21	1.17	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	13	6,400	2,336.74	.37	.881	179.75	.32	
@CALIF. CHILDREN SERVICES*	12	52	\$ 25,682.13	\$ 493.89	.007	\$ 2140.18	\$ 3.53	
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00	

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

14,553 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	9,173	112,016	\$ 5,249,551.56	\$ 46.86	7.697	\$	572.28	\$ 360.72
@PHYSICIANS SERVICES	2,884	8,929	\$ 368,211.61	\$ 41.24	.614	\$	127.67	\$ 25.30
OUTPATIENT VISITS	1,605	2,412	90,696.76	37.60	.166		56.51	6.23
OFFICE VISITS	1,422	2,028	71,077.10	35.05	.139		49.98	4.88
HOME VISITS	1	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	171	204	11,411.29	55.94	.014		66.73	.78
PREVENTIVE CARE	1	1	37.39	37.39	.000		37.39	.00
OB VISITS/COMPRE PERI	43	130	6,084.10	46.80	.009		141.49	.42
OTHER OUTPATIENT	38	49	2,086.88	42.59	.003		54.92	.14
INPATIENT VISITS	153	557	29,394.54	52.77	.038		192.12	2.02
HOSPITAL VISITS	142	506	23,979.59	47.39	.035		168.87	1.65
CRITICAL CARE	17	43	5,169.95	120.23	.003		304.11	.36
SNF/ICF/TRANS IP CARE	5	8	245.00	30.63	.001		49.00	.02
OPHTHALMOLOGICAL SERVICES	51	60	2,691.54	44.86	.004		52.78	.18
EXAMINATIONS	51	59	2,656.25	45.02	.004		52.08	.18
SERVICES AND MATERIALS	1	1	35.29	35.29	.000		35.29	.00
INPATIENT HOSPITAL SURGERY	84	413	50,232.05	121.63	.028		598.00	3.45
PRINCIPAL SURGEON	61	84	39,718.63	472.84	.006		651.13	2.73
ASSISTANT SURGEON	16	19	3,253.09	171.22	.001		203.32	.22
ANESTHESIOLOGIST	25	310	7,260.33	23.42	.021		290.41	.50
OUTPATIENT SURGERY	199	398	47,955.57	120.49	.027		240.98	3.30
PRINCIPAL SURGEON	184	252	44,171.19	175.28	.017		240.06	3.04
ASSISTANT SURGEON	3	3	329.50	109.83	.000		109.83	.02
ANESTHESIOLOGIST	26	143	3,454.88	24.16	.010		132.88	.24
DIALYSIS	11	59	5,362.76	90.89	.004		487.52	.37
PATHOLOGY	232	353	3,491.43	9.89	.024		15.05	.24
RADIOLOGY	780	1,301	59,907.30	46.05	.089		76.80	4.12
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	79	625	8,267.49	13.23	.043		104.65	.57
OTHER SERVICES/ALL X-OVERS	949	2,751	70,212.17	25.52	.189		73.99	4.82
@PHARMACY	6,623	30,353	\$ 2,068,553.01	\$ 68.15	2.086	\$	312.33	\$ 142.14
PRESCRIPTION DRUGS	6,579	25,790	2,006,224.78	77.79	1.772		304.94	137.86
SNF/ICF	49	355	27,384.03	77.14	.024		558.86	1.88
OUTPATIENTS	6,534	25,435	1,978,840.75	77.80	1.748		302.85	135.97
MEDICAL SUPPLIES	323	4,563	62,328.23	13.66	.314		192.97	4.28
@DENTIST	796	2,855	\$ 136,971.85	\$ 47.98	.196	\$	172.08	\$ 9.41
VISITS - DIAGNOSTIC	538	1,624	27,508.25	16.94	.112		51.13	1.89
ORAL SURGERY	116	334	15,966.00	47.80	.023		137.64	1.10
DRUGS	5	10	118.00	11.80	.001		23.60	.01
ANESTHESIA	14	14	1,400.00	100.00	.001		100.00	.10
PERIODONTICS	16	17	2,910.00	171.18	.001		181.88	.20
ENDODONTICS	45	86	15,074.00	175.28	.006		334.98	1.04
RESTORATIVE DENTISTRY	247	561	45,593.80	81.27	.039		184.59	3.13
PROSTHETICS	3	4	90.00	22.50	.000		30.00	.01
DENTURES, STAYPLATES	75	194	27,370.00	141.08	.013		364.93	1.88
SPACE MAINTAINERS	2	4	444.00	111.00	.000		222.00	.03
MAXILLOFACIAL SERVICES	1	1	300.00	300.00	.000		300.00	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	2	2	100.00	50.00	.000		50.00	.01
ALL OTHER SERVICES	3	4	97.80	24.45	.000		32.60	.01

14,553 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	298	867	\$ 20,548.39	\$ 23.70	.060	\$ 68.95	\$ 1.41
DIAGNOSTIC AND ANC. PROCED	214	214	9,812.44	45.85	.015	45.85	.67
EYE APPLIANCES	226	634	10,283.74	16.22	.044	45.50	.71
OTHER OPTOMETRIC SERVICES	14	19	452.21	23.80	.001	32.30	.03
@CHIROPRACTOR	36	53	\$ 886.16	\$ 16.72	.004	\$ 24.62	\$ .06
VISITS	35	49	819.28	16.72	.003	23.41	.06
OTHER SERVICES	1	4	66.88	16.72	.000	66.88	.00
@PODIATRIST	12	16	\$ 587.17	\$ 36.70	.001	\$ 48.93	\$ .04
MEDICINE/INJECTIONS	8	8	239.60	29.95	.001	29.95	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	8	347.57	43.45	.001	57.93	.02
@HOME HEALTH AGENCY	29	220	\$ 14,707.04	\$ 66.85	.015	\$ 507.14	\$ 1.01
NURSE ANESTHESIST	3	23	\$ 357.71	\$ 15.55	.002	\$ 119.24	\$ .02
NURSE MIDWIFE	1	2	\$ 144.24	\$ 72.12	.000	\$ 144.24	\$ .01
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	6	8	\$ 209.96	\$ 26.25	.001	\$ 34.99	\$ .01
@TOTAL HOSPITAL	2,296	11,749	\$ 1,809,636.84	\$ 154.02	.807	\$ 788.17	\$ 124.35
HOSP INPATIENT TOTAL	181	850	1,490,814.53	1753.90	.058	8236.54	102.44
HSC HOSPITALS	7	34	50,002.00	1470.65	.002	7143.14	3.44
NON-HSC HOSPITAL TOTAL	124	617	1,408,590.04	2282.97	.042	11359.60	96.79
ACCOMMODATIONS	123	617	292,042.79	473.33	.042	2374.33	20.07
ADMINISTRATIVE DAYS	0	0	34.60CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	123	617	292,077.39	473.38	.042	2374.61	20.07
ANCILLARIES	124	0	1,116,547.25	.00	.000	9004.41	76.72
INPATIENT CROSSOVERS	50	199	32,222.49	161.92	.014	644.45	2.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,194	10,899	318,822.31	29.25	.749	145.32	21.91
MEDICAL	1,034	1,684	78,687.97	46.73	.116	76.10	5.41
SURGERY	277	365	19,017.62	52.10	.025	68.66	1.31
PATHOLOGY	996	3,837	45,611.03	11.89	.264	45.79	3.13
RADIOLOGY	582	845	60,160.99	71.20	.058	103.37	4.13
ROOM USE	929	1,371	64,356.34	46.94	.094	69.27	4.42
CROSSOVERS/ALL OTH OUTPTNT	829	2,797	50,988.36	18.23	.192	61.51	3.50
@COUNTY HOSPITAL TOTAL	1,647	7,259	\$ 579,108.88	\$ 79.78	.499	\$ 351.61	\$ 39.79
CO HOSPITAL INPATIENT TOTAL	77	256	369,302.99	1442.59	.018	4796.14	25.38
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	58	177	355,279.79	2007.23	.012	6125.51	24.41
ACCOMMODATIONS	58	177	90,949.25	513.84	.012	1568.09	6.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	58	177	90,949.25	513.84	.012	1568.09	6.25
ANCILLARIES	58	0	264,330.54	.00	.000	4557.42	18.16
INPATIENT CROSSOVERS	19	79	14,023.20	177.51	.005	738.06	.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,608	7,003	209,805.89	29.96	.481	130.48	14.42
MEDICAL	869	1,391	65,206.69	46.88	.096	75.04	4.48
SURGERY	202	286	15,553.20	54.38	.020	77.00	1.07
PATHOLOGY	752	2,628	31,013.49	11.80	.181	41.24	2.13

RADIOLOGY	415	527	34,684.45	65.81	.036	83.58	2.38
ROOM USE	631	865	42,085.60	48.65	.059	66.70	2.89
CROSSOVERS/ALL OTH OUTPTNT	518	1,306	21,262.46	16.28	.090	41.05	1.46

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,827

MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

TRINITY COUNTY      SUMMARY OF SERVICES FOR CASH GRANT

	14,553 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	779		4,490	\$ 1,230,527.96	\$ 274.06	.309	\$ 1579.63	\$ 84.55
COMM HOSP INPATIENT TOTAL	110		594	1,121,511.54	1888.07	.041	10195.56	77.06
HSC HOSPITALS	7		34	50,002.00	1470.65	.002	7143.14	3.44
NON-HSC HOSPITALS TOTAL	72		440	1,053,310.25	2393.89	.030	14629.31	72.38
ACCOMMODATIONS	71		440	201,093.54	457.03	.030	2832.30	13.82
ADMINISTRATIVE DAYS	0		0	34.60CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	71		440	201,128.14	457.11	.030	2832.79	13.82
ANCILLARIES	72		0	852,216.71	.00	.000	11836.34	58.56
INPATIENT CROSSOVERS	31		120	18,199.29	151.66	.008	587.07	1.25
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	696		3,896	109,016.42	27.98	.268	156.63	7.49
MEDICAL	193		293	13,481.28	46.01	.020	69.85	.93
SURGERY	77		79	3,464.42	43.85	.005	44.99	.24
PATHOLOGY	271		1,209	14,597.54	12.07	.083	53.87	1.00
RADIOLOGY	179		318	25,476.54	80.11	.022	142.33	1.75
ROOM USE	340		506	22,270.74	44.01	.035	65.50	1.53
CROSSOVERS/ALL OTH OUTPTNT	339		1,491	29,725.90	19.94	.102	87.69	2.04
@STATE HOSPITAL	0		0	\$ 13,400.00	\$ .00	.000	\$ .00	\$ .92
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	13,400.00	.00	.000	.00	.92
@NURSING FACILITY	28		518	\$ 116,483.00	\$ 224.87	.036	\$ 4160.11	\$ 8.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1		31	3,748.83	120.93	.002	3748.83	.26
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	27		487	112,734.17	231.49	.033	4175.34	7.75
@INTERMEDIATE CARE FACIL.-DD	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	25		205	\$ 26,570.73	\$ 129.61	.014	\$ 1062.83	\$ 1.83
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	25		205	26,570.73	129.61	.014	1062.83	1.83
@REHABILITATION FACILITY	7		25	\$ 518.39	\$ 20.74	.002	\$ 74.06	\$ .04
HOSPITAL BASED	1		13	264.11	20.32	.001	264.11	.02
INDEPENDENT FACILITY	6		12	254.28	21.19	.001	42.38	.02
@LABORATORY FACILITY	686		2,835	\$ 48,775.44	\$ 17.20	.195	\$ 71.10	\$ 3.35
PATHOLOGY	666		2,804	48,609.15	17.34	.193	72.99	3.34
XO AND OTHERS	20		31	166.29	5.36	.002	8.31	.01
@ORGANIZED OUTPATIENT CLINIC	2,230		3,706	\$ 346,591.49	\$ 93.52	.255	\$ 155.42	\$ 23.82
CLINIC	61		225	6,044.46	26.86	.015	99.09	.42
SURGICENTER	14		51	4,995.83	97.96	.004	356.85	.34
HEROIN DETOX CLINIC	0		0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,167		3,430	335,551.20	97.83	.236	154.85	23.06

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,828

MOP024  
TRINITY COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CASH GRANT

01/17/03

14,553 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,311	49,652	\$ 276,398.53	\$ 5.57	3.412	\$ 210.83	\$ 18.99
DURABLE MED. EQUIP.	151	566	90,727.64	160.30	.039	600.85	6.23
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	30	50	7,561.71	151.23	.003	252.06	.52
MEDICAL TRANSPORTATION	236	5,462	98,302.52	18.00	.375	416.54	6.75
AMBULANCES/AIR TRANS	166	3,858	54,150.94	14.04	.265	326.21	3.72
OTHER TRANS	10	415	1,842.37	4.44	.029	184.24	.13
OTHER SERVICES	76	1,189	42,309.21	35.58	.082	556.70	2.91
ACUPUNCTURE	3	3	70.28	23.43	.000	23.43	.00
ADULT DAY HEALTH CARE CTR	13	104	6,957.27	66.90	.007	535.17	.48
GENETIC DISEASE TESTING	18	18	1,387.00	77.06	.001	77.06	.10
IHMC,MODEL-NF,NF,AIDS,MSSP	4	59	6,464.26	109.56	.004	1616.07	.44
OCCUPATIONAL THERAPIST	1	8	152.24	19.03	.001	152.24	.01
OPTICIAN	248	563	6,486.10	11.52	.039	26.15	.45
PHYSICAL THERAPIST	50	506	6,814.83	13.47	.035	136.30	.47
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	30	48	5,243.87	109.25	.003	174.80	.36
PROSTHETICS	18	34	4,796.87	141.08	.002	266.49	.33
ORTHOTICS	12	14	447.00	31.93	.001	37.25	.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	21	47	2,683.68	57.10	.003	127.79	.18
HOSPICE SERVICES	1	3	321.84	107.28	.000	321.84	.02
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	211	1,253	15,038.92	12.00	.086	71.27	1.03
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	399	40,962		28,186.37		.69	2.815	70.64	1.94
@CALIF. CHILDREN SERVICES*	68	1,295	\$	126,302.82	\$	97.53	.089	\$ 1857.39	\$ 8.68
@XOVER EXCLUDING STATE HOSP**	932	5,022	\$	133,387.30	\$	26.56	.345	\$ 143.12	\$ 9.17

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

TRINITY COUNTY

SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	82	186	\$	6,001.06	\$ 32.26	.949	\$ 73.18	\$ 30.62
@PHYSICIANS SERVICES	34	51	\$	1,662.51	\$ 32.60	.260	\$ 48.90	\$ 8.48
OUTPATIENT VISITS	32	39		1,340.86	34.38	.199	41.90	6.84
OFFICE VISITS	32	39		1,340.86	34.38	.199	41.90	6.84
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	1	1		40.34	40.34	.005	40.34	.21
HOSPITAL VISITS	1	1		40.34	40.34	.005	40.34	.21
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	8		209.62	26.20	.041	209.62	1.07
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8		209.62	26.20	.041	209.62	1.07
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		6.06	6.06	.005	6.06	.03
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2		65.63	32.82	.010	32.82	.33
@PHARMACY	27	39	\$	574.23	\$ 14.72	.199	\$ 21.27	\$ 2.93
PRESCRIPTION DRUGS	27	39		574.23	14.72	.199	21.27	2.93
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	27	39		574.23	14.72	.199	21.27	2.93
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,830  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	25	78	\$ 2,436.32	\$ 31.23	.398	\$ 97.45	\$ 12.43
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	25	78	2,436.32	31.23	.398	97.45	12.43
MEDICAL	22	36	1,479.82	41.11	.184	67.26	7.55
SURGERY	1	1	83.26	83.26	.005	83.26	.42
PATHOLOGY	7	15	152.56	10.17	.077	21.79	.78
RADIOLOGY	2	2	30.63	15.32	.010	15.32	.16
ROOM USE	11	14	567.22	40.52	.071	51.57	2.89
CROSSOVERS/ALL OTH OUTPTNT	6	10	122.83	12.28	.051	20.47	.63
@COUNTY HOSPITAL TOTAL	23	74	\$ 2,118.09	\$ 28.62	.378	\$ 92.09	\$ 10.81
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	23	74	2,118.09	28.62	.378	92.09	10.81
MEDICAL	21	33	1,195.66	36.23	.168	56.94	6.10
SURGERY	1	1	83.26	83.26	.005	83.26	.42
PATHOLOGY	7	15	152.56	10.17	.077	21.79	.78
RADIOLOGY	2	2	30.63	15.32	.010	15.32	.16
ROOM USE	10	13	533.15	41.01	.066	53.32	2.72
CROSSOVERS/ALL OTH OUTPTNT	6	10	122.83	12.28	.051	20.47	.63

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,831  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	4	\$ 318.23	\$ 79.56	.020	\$ 159.12	\$ 1.62
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	4	318.23	79.56	.020	159.12	1.62
MEDICAL	1	3	284.16	94.72	.015	284.16	1.45
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.07	34.07	.005	34.07	.17
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	3	\$ 21.37	\$ 7.12	.015	\$ 10.69	\$ .11
PATHOLOGY	2	3	21.37	7.12	.015	10.69	.11
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	11	15	\$	1,306.63	\$	87.11	.077	\$	118.78	\$	6.67
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	15		1,306.63		87.11	.077		118.78		6.67

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,832  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	7	\$ 192.79	\$ 27.54	.036	\$ 192.79	\$ .98
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,833
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	150	1,852	\$ 104,800.15	\$ 56.59	11.024	\$ 698.67	\$ 623.81
@PHYSICIANS SERVICES	97	367	\$ 21,555.49	\$ 58.73	2.185	\$ 222.22	\$ 128.31
OUTPATIENT VISITS	48	192	6,566.67	34.20	1.143	136.81	39.09
OFFICE VISITS	9	10	547.53	54.75	.060	60.84	3.26
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	152.68	76.34	.012	76.34	.91

PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	42	180		5,866.46	32.59	1.071	139.68	34.92
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	15	33		1,882.15	57.03	.196	125.48	11.20
HOSPITAL VISITS	15	30		1,367.87	45.60	.179	91.19	8.14
CRITICAL CARE	1	3		514.28	171.43	.018	514.28	3.06
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	63		9,679.86	153.65	.375	537.77	57.62
PRINCIPAL SURGEON	14	14		8,038.19	574.16	.083	574.16	47.85
ASSISTANT SURGEON	2	2		373.00	186.50	.012	186.50	2.22
ANESTHESIOLOGIST	6	47		1,268.67	26.99	.280	211.45	7.55
OUTPATIENT SURGERY	5	18		1,293.14	71.84	.107	258.63	7.70
PRINCIPAL SURGEON	5	14		1,199.13	85.65	.083	239.83	7.14
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		94.01	23.50	.024	94.01	.56
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	13	20		555.89	27.79	.119	42.76	3.31
RADIOLOGY	30	34		1,214.94	35.73	.202	40.50	7.23
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		52.90	52.90	.006	52.90	.31
OTHER SERVICES/ALL X-OVERS	5	6		309.94	51.66	.036	61.99	1.84
@PHARMACY	42	79	\$	3,450.50	\$ 43.68	.470	\$ 82.15	\$ 20.54
PRESCRIPTION DRUGS	38	67		2,381.94	35.55	.399	62.68	14.18
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	38	67		2,381.94	35.55	.399	62.68	14.18
MEDICAL SUPPLIES	6	12		1,068.56	89.05	.071	178.09	6.36
@DENTIST	1	1	\$	.00	\$ .00	.006	\$ .00	\$ .00
VISITS - DIAGNOSTIC	1	1		.00	.00	.006	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,834  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	9	\$ 516.18	\$ 57.35	.054	\$ 129.05	\$ 3.07
NURSE ANESTHESIST	1	6	\$ 151.91	\$ 25.32	.036	\$ 151.91	\$ .90
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	91	545	\$ 70,120.36	\$ 128.66	3.244	\$ 770.55	\$ 417.38
HOSP INPATIENT TOTAL	17	56	57,995.88	1035.64	.333	3411.52	345.21
HSC HOSPITALS	1	1	1,113.00	1113.00	.006	1113.00	6.63
NON-HSC HOSPITAL TOTAL	16	55	56,882.88	1034.23	.327	3555.18	338.59
ACCOMMODATIONS	15	55	18,545.75	337.20	.327	1236.38	110.39
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	55	18,545.75	337.20	.327	1236.38	110.39
ANCILLARIES	16	0	38,337.13	.00	.000	2396.07	228.20
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	81	489	12,124.48	24.79	2.911	149.68	72.17
MEDICAL	8	8	435.04	54.38	.048	54.38	2.59
SURGERY	8	10	370.89	37.09	.060	46.36	2.21
PATHOLOGY	51	173	2,238.59	12.94	1.030	43.89	13.32
RADIOLOGY	23	25	1,661.86	66.47	.149	72.25	9.89
ROOM USE	44	74	2,671.05	36.10	.440	60.71	15.90
CROSSOVERS/ALL OTH OUTPTNT	35	199	4,747.05	23.85	1.185	135.63	28.26
@COUNTY HOSPITAL TOTAL	38	160	\$ 19,404.75	\$ 121.28	.952	\$ 510.65	\$ 115.50
CO HOSPITAL INPATIENT TOTAL	6	13	16,146.67	1242.05	.077	2691.11	96.11
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	6	13	16,146.67	1242.05	.077	2691.11	96.11
ACCOMMODATIONS	5	13	5,260.00	404.62	.077	1052.00	31.31
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	13	5,260.00	404.62	.077	1052.00	31.31
ANCILLARIES	6	0	10,886.67	.00	.000	1814.45	64.80
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	35	147	3,258.08	22.16	.875	93.09	19.39
MEDICAL	7	7	417.53	59.65	.042	59.65	2.49
SURGERY	4	6	226.84	37.81	.036	56.71	1.35
PATHOLOGY	22	81	886.14	10.94	.482	40.28	5.27
RADIOLOGY	12	12	740.59	61.72	.071	61.72	4.41
ROOM USE	9	13	572.72	44.06	.077	63.64	3.41
CROSSOVERS/ALL OTH OUTPTNT	9	28	414.26	14.80	.167	46.03	2.47

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	60	385	\$ 50,715.61	\$ 131.73	2.292	\$ 845.26	\$ 301.88
COMM HOSP INPATIENT TOTAL	11	43	41,849.21	973.24	.256	3804.47	249.10
HSC HOSPITALS	1	1	1,113.00	1113.00	.006	1113.00	6.63
NON-HSC HOSPITALS TOTAL	10	42	40,736.21	969.91	.250	4073.62	242.48
ACCOMMODATIONS	10	42	13,285.75	316.33	.250	1328.58	79.08
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	42	13,285.75	316.33	.250	1328.58	79.08
ANCILLARIES	10	0	27,450.46	.00	.000	2745.05	163.40
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	53	342	8,866.40	25.93	2.036	167.29	52.78
MEDICAL	1	1	17.51	17.51	.006	17.51	.10
SURGERY	4	4	144.05	36.01	.024	36.01	.86
PATHOLOGY	33	92	1,352.45	14.70	.548	40.98	8.05
RADIOLOGY	11	13	921.27	70.87	.077	83.75	5.48
ROOM USE	37	61	2,098.33	34.40	.363	56.71	12.49
CROSSOVERS/ALL OTH OUTPTNT	27	171	4,332.79	25.34	1.018	160.47	25.79
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	34	143	\$	2,932.86	\$	20.51	.851	\$	86.26	\$	17.46
PATHOLOGY	34	143		2,932.86		20.51	.851		86.26		17.46
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	17	\$	2,036.05	\$	119.77	.101	\$	203.61	\$	12.12
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	10	17		2,036.05		119.77	.101		203.61		12.12

#CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

PAGE 15,836 01/17/03

168 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17	685	\$ 4,036.80	\$ 5.89	4.077	\$ 237.46	\$ 24.03
DURABLE MED. EQUIP.	1	85	150.43	1.77	.506	150.43	.90
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	39	2,728.51	69.96	.232	682.13	16.24
AMBULANCES/AIR TRANS	3	38	928.51	24.43	.226	309.50	5.53
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.006	1800.00	10.71
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11	891.00	81.00	.065	81.00	5.30
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	550	266.86	.49	3.274	266.86	1.59
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

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03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@TOTAL, ALL PROVIDERS	2	11	\$	467.77	\$	42.52	3.667	\$	233.89	\$	155.92
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRI PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	1	2	\$	12.69	\$	6.35	.667	\$	12.69	\$	4.23
PRESCRIPTION DRUGS	1	2		12.69		6.35	.667		12.69		4.23
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	2		12.69		6.35	.667		12.69		4.23
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,838  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

TRINITY COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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----- MONTHLY AVERAGE -----

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	9	\$	440.30	\$	48.92	3.000	\$	440.30	\$	146.77
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	9		440.30		48.92	3.000		440.30		146.77
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		62.03		31.02	.667		62.03		20.68

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	31.93	31.93	.333	31.93	10.64
CROSSOVERS/ALL OTH OUTPTNT	1	6	346.34	57.72	2.000	346.34	115.45
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 15,839
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	9	\$ 440.30	\$ 48.92	3.000	\$ 440.30	\$ 146.77
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	9	440.30	48.92	3.000	440.30	146.77
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	62.03	31.02	.667	62.03	20.68
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	31.93	31.93	.333	31.93	10.64
CROSSOVERS/ALL OTH OUTPTNT	1	6	346.34	57.72	2.000	346.34	115.45
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ 14.78	\$ .00	.000	\$ .00	\$ 4.93
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	14.78	.00	.000	.00	4.93

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,840  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

367 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	234	2,049	\$ 111,268.98	\$ 54.30	5.583	\$ 475.51	\$ 303.19
@PHYSICIANS SERVICES	131	418	\$ 23,218.00	\$ 55.55	1.139	\$ 177.24	\$ 63.26
OUTPATIENT VISITS	80	231	7,907.53	34.23	.629	98.84	21.55
OFFICE VISITS	41	49	1,888.39	38.54	.134	46.06	5.15
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	152.68	76.34	.005	76.34	.42
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	42	180	5,866.46	32.59	.490	139.68	15.98
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	16	34	1,922.49	56.54	.093	120.16	5.24
HOSPITAL VISITS	16	31	1,408.21	45.43	.084	88.01	3.84
CRITICAL CARE	1	3	514.28	171.43	.008	514.28	1.40
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	63	9,679.86	153.65	.172	537.77	26.38
PRINCIPAL SURGEON	14	14	8,038.19	574.16	.038	574.16	21.90
ASSISTANT SURGEON	2	2	373.00	186.50	.005	186.50	1.02
ANESTHESIOLOGIST	6	47	1,268.67	26.99	.128	211.45	3.46
OUTPATIENT SURGERY	6	26	1,502.76	57.80	.071	250.46	4.09
PRINCIPAL SURGEON	5	14	1,199.13	85.65	.038	239.83	3.27
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	12	303.63	25.30	.033	151.82	.83
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	13	20	555.89	27.79	.054	42.76	1.51
RADIOLOGY	31	35	1,221.00	34.89	.095	39.39	3.33
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	52.90	52.90	.003	52.90	.14
OTHER SERVICES/ALL X-OVERS	7	8	375.57	46.95	.022	53.65	1.02
@PHARMACY	70	120	\$ 4,037.42	\$ 33.65	.327	\$ 57.68	\$ 11.00
PRESCRIPTION DRUGS	66	108	2,968.86	27.49	.294	44.98	8.09
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	66	108	2,968.86	27.49	.294	44.98	8.09
MEDICAL SUPPLIES	6	12	1,068.56	89.05	.033	178.09	2.91
@DENTIST	1	1	\$ .00	\$ .00	.003	\$ .00	\$ .00
VISITS - DIAGNOSTIC	1	1	.00	.00	.003	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

367 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	9	\$ 516.18	\$ 57.35	.025	\$ 129.05	\$ 1.41
NURSE ANESTHESIST	1	6	\$ 151.91	\$ 25.32	.016	\$ 151.91	\$ .41
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	117	632	\$ 72,996.98	\$ 115.50	1.722	\$ 623.91	\$ 198.90
HOSP INPATIENT TOTAL	17	56	57,995.88	1035.64	.153	3411.52	158.03
HSC HOSPITALS	1	1	1,113.00	1113.00	.003	1113.00	3.03
NON-HSC HOSPITAL TOTAL	16	55	56,882.88	1034.23	.150	3555.18	154.99
ACCOMMODATIONS	15	55	18,545.75	337.20	.150	1236.38	50.53
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	55	18,545.75	337.20	.150	1236.38	50.53
ANCILLARIES	16	0	38,337.13	.00	.000	2396.07	104.46
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	107	576	15,001.10	26.04	1.569	140.20	40.87
MEDICAL	30	44	1,914.86	43.52	.120	63.83	5.22
SURGERY	9	11	454.15	41.29	.030	50.46	1.24
PATHOLOGY	59	190	2,453.18	12.91	.518	41.58	6.68
RADIOLOGY	25	27	1,692.49	62.68	.074	67.70	4.61
ROOM USE	56	89	3,270.20	36.74	.243	58.40	8.91
CROSSOVERS/ALL OTH OUTPTNT	42	215	5,216.22	24.26	.586	124.20	14.21
@COUNTY HOSPITAL TOTAL	61	234	\$ 21,522.84	\$ 91.98	.638	\$ 352.83	\$ 58.65
CO HOSPITAL INPATIENT TOTAL	6	13	16,146.67	1242.05	.035	2691.11	44.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	6	13	16,146.67	1242.05	.035	2691.11	44.00
ACCOMMODATIONS	5	13	5,260.00	404.62	.035	1052.00	14.33
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	13	5,260.00	404.62	.035	1052.00	14.33
ANCILLARIES	6	0	10,886.67	.00	.000	1814.45	29.66
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	58	221	5,376.17	24.33	.602	92.69	14.65
MEDICAL	28	40	1,613.19	40.33	.109	57.61	4.40
SURGERY	5	7	310.10	44.30	.019	62.02	.84
PATHOLOGY	29	96	1,038.70	10.82	.262	35.82	2.83

RADIOLOGY	14	14	771.22	55.09	.038	55.09	2.10
ROOM USE	19	26	1,105.87	42.53	.071	58.20	3.01
CROSSTOVERS/ALL OTH OUTPTNT	15	38	537.09	14.13	.104	35.81	1.46

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,843  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 185%/60-DAY PP      AID CODES 44 47 48 49 69 76

367 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	63	398	\$ 51,474.14	\$ 129.33	1.084	\$ 817.05	\$ 140.26
COMM HOSP INPATIENT TOTAL	11	43	41,849.21	973.24	.117	3804.47	114.03
HSC HOSPITALS	1	1	1,113.00	1113.00	.003	1113.00	3.03
NON-HSC HOSPITALS TOTAL	10	42	40,736.21	969.91	.114	4073.62	111.00
ACCOMMODATIONS	10	42	13,285.75	316.33	.114	1328.58	36.20
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	42	13,285.75	316.33	.114	1328.58	36.20
ANCILLARIES	10	0	27,450.46	.00	.000	2745.05	74.80
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	56	355	9,624.93	27.11	.967	171.87	26.23
MEDICAL	2	4	301.67	75.42	.011	150.84	.82
SURGERY	4	4	144.05	36.01	.011	36.01	.39
PATHOLOGY	34	94	1,414.48	15.05	.256	41.60	3.85
RADIOLOGY	11	13	921.27	70.87	.035	83.75	2.51
ROOM USE	39	63	2,164.33	34.35	.172	55.50	5.90
CROSSTOVERS/ALL OTH OUTPTNT	28	177	4,679.13	26.44	.482	167.11	12.75
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	36	146	\$	2,954.23	\$ 20.23	.398	\$ 82.06	\$ 8.05
PATHOLOGY	36	146		2,954.23	20.23	.398	82.06	8.05
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	21	32	\$	3,357.46	\$ 104.92	.087	\$ 159.88	\$ 9.15
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	21	32		3,357.46	104.92	.087	159.88	9.15

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,844  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 185%/60-DAY PP      AID CODES 44 47 48 49 69 76

367 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17	685	\$ 4,036.80	\$ 5.89	1.866	\$ 237.46	\$ 11.00
DURABLE MED. EQUIP.	1	85	150.43	1.77	.232	150.43	.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	39	2,728.51	69.96	.106	682.13	7.43
AMBULANCES/AIR TRANS	3	38	928.51	24.43	.104	309.50	2.53
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.003	1800.00	4.90
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11	891.00	81.00	.030	81.00	2.43
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1	550		266.86		.49	1.499	266.86	.73
@CALIF. CHILDREN SERVICES*	1	7	\$	192.79	\$	27.54	.019	\$ 192.79	\$ .53
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 15,845

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

TRINITY COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

306 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE			COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER		
@TOTAL, ALL PROVIDERS	261	3,211	\$ 110,252.97	\$ 34.34	10.493	\$ 422.43	\$	360.30
@PHYSICIANS SERVICES	68	232	\$ 2,853.57	\$ 12.30	.758	\$ 41.96	\$	9.33
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	68	232	2,853.57	12.30	.758	41.96		9.33
@PHARMACY	225	1,160	\$ 77,196.32	\$ 66.55	3.791	\$ 343.09	\$	252.28
PRESCRIPTION DRUGS	220	1,011	74,335.02	73.53	3.304	337.89		242.92
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	220	1,011	74,335.02	73.53	3.304	337.89		242.92
MEDICAL SUPPLIES	38	149	2,861.30	19.20	.487	75.30		9.35
@DENTIST	24	61	\$ 3,481.00	\$ 57.07	.199	\$ 145.04	\$	11.38
VISITS - DIAGNOSTIC	15	33	577.00	17.48	.108	38.47		1.89
ORAL SURGERY	3	3	215.00	71.67	.010	71.67		.70
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	1	1	200.00	200.00	.003	200.00		.65
ENDODONTICS	3	5	805.00	161.00	.016	268.33		2.63
RESTORATIVE DENTISTRY	6	13	1,014.00	78.00	.042	169.00		3.31
PROSTHETICS	1	2	30.00	15.00	.007	30.00		.10

DENTURES, STAYPLATES	4	4	640.00	160.00	.013	160.00	2.09
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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306 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	18	\$ 368.46	\$ 20.47	.059	\$ 61.41	\$ 1.20
DIAGNOSTIC AND ANC. PROCED	3	3	102.91	34.30	.010	34.30	.34
EYE APPLIANCES	5	15	265.55	17.70	.049	53.11	.87
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 3.72	\$ 3.72	.003	\$ 3.72	\$ .01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	3.72	3.72	.003	3.72	.01
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	16	49	\$ 5,006.37	\$ 102.17	.160	\$ 312.90	\$ 16.36
HOSP INPATIENT TOTAL	5	14	3,083.10	220.22	.046	616.62	10.08
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	14	3,083.10	220.22	.046	616.62	10.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	35	1,923.27	54.95	.114	174.84	6.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	35	1,923.27	54.95	.114	174.84	6.29
@COUNTY HOSPITAL TOTAL	10	28	\$ 1,128.12	\$ 40.29	.092	\$ 112.81	\$ 3.69
CO HOSPITAL INPATIENT TOTAL	1	6	812.00	135.33	.020	812.00	2.65
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	1	6	812.00	135.33	.020	812.00	2.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	22	316.12	14.37	.072	35.12	1.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	9	22	316.12	14.37	.072	35.12	1.03

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306 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	21	\$ 3,878.25	\$ 184.68	.069	\$ 484.78	\$ 12.67
COMM HOSP INPATIENT TOTAL	4	8	2,271.10	283.89	.026	567.78	7.42
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	8	2,271.10	283.89	.026	567.78	7.42
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	13	1,607.15	123.63	.042	401.79	5.25
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	13	1,607.15	123.63	.042	401.79	5.25
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6	0	\$ 8,677.52	\$ .00	.000	\$ 1446.25	\$ 28.36
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6	0	8,677.52	.00	.000	1446.25	28.36
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	6	\$ 22.54	\$ 3.76	.020	\$ 11.27	\$ .07
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	2	6	22.54	3.76	.020	11.27	.07

@ORGANIZED OUTPATIENT CLINIC	43	66	\$	4,466.31	\$	67.67	.216	\$	103.87	\$	14.60
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	3	4		672.32		168.08	.013		224.11		2.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	40	62		3,793.99		61.19	.203		94.85		12.40

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						----- MONTHLY AVERAGE -----		
306 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	79	1,618	\$ 8,177.16	\$ 5.05	5.288	\$ 103.51	\$ 26.72	
DURABLE MED. EQUIP.	1	1	49.38	49.38	.003	49.38	.16	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	9	13	1,246.26	95.87	.042	138.47	4.07	
MEDICAL TRANSPORTATION	6	190	746.39	3.93	.621	124.40	2.44	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	6	190	746.39	3.93	.621	124.40	2.44	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	7	14	188.73	13.48	.046	26.96	.62	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	67	1,400	5,946.40	4.25	4.575	88.75	19.43
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	130	748	\$ 23,582.84	\$ 31.53	2.444	\$ 181.41	\$ 77.07

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,849
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND	AID CODES 26 6A	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 15,851
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND						AID CODES 26 6A
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,852  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR    TITLE II DISREGARD - BLIND      AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,853  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR    TITLE II DISREG - DISABLED AID CODES 36 66 6C

243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	190	4,410	\$	97,059.40	\$	22.01	18.148	\$	510.84	\$	399.42
@PHYSICIANS SERVICES	48	124	\$	2,702.39	\$	21.79	.510	\$	56.30	\$	11.12
OUTPATIENT VISITS	11	21		507.20		24.15	.086		46.11		2.09
OFFICE VISITS	11	21		507.20		24.15	.086		46.11		2.09
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	3	3		130.03		43.34	.012		43.34		.54
EXAMINATIONS	3	3		130.03		43.34	.012		43.34		.54
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	3	5		174.17		34.83	.021		58.06		.72
PRINCIPAL SURGEON	3	5		174.17		34.83	.021		58.06		.72
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		8.54		8.54	.004		8.54		.04
RADIOLOGY	2	4		95.17		23.79	.016		47.59		.39
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	42	90		1,787.28		19.86	.370		42.55		7.36
@PHARMACY	176	2,520	\$	73,461.57	\$	29.15	10.370	\$	417.40	\$	302.31
PRESCRIPTION DRUGS	175	898		71,101.15		79.18	3.695		406.29		292.60

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	175	898	71,101.15	79.18	3.695	406.29	292.60
MEDICAL SUPPLIES	25	1,622	2,360.42	1.46	6.675	94.42	9.71
@DENTIST	12	55	\$ 2,445.00	\$ 44.45	.226	\$ 203.75	\$ 10.06
VISITS - DIAGNOSTIC	10	47	510.00	10.85	.193	51.00	2.10
ORAL SURGERY	2	2	90.00	45.00	.008	45.00	.37
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.004	200.00	.82
ENDODONTICS	1	1	330.00	330.00	.004	330.00	1.36
RESTORATIVE DENTISTRY	2	2	415.00	207.50	.008	207.50	1.71
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.008	900.00	3.70
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR    TITLE II DISREG - DISABLED AID CODES 36 66 6C

243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	9	\$ 215.06	\$ 23.90	.037	\$ 71.69	\$ .89
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.008	47.45	.39
EYE APPLIANCES	3	5	74.65	14.93	.021	24.88	.31
OTHER OPTOMETRIC SERVICES	1	2	45.51	22.76	.008	45.51	.19
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	24	96	\$ 7,088.22	\$ 73.84	.395	\$ 295.34	\$ 29.17
HOSP INPATIENT TOTAL	1	2	5,243.83	2621.92	.008	5243.83	21.58
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	2	5,243.83	2621.92	.008	5243.83	21.58
ACCOMMODATIONS	1	2	1,065.00	532.50	.008	1065.00	4.38
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,065.00	532.50	.008	1065.00	4.38
ANCILLARIES	1	0	4,178.83	.00	.000	4178.83	17.20
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	24	94	1,844.39	19.62	.387	76.85	7.59
MEDICAL	1	2	170.11	85.06	.008	170.11	.70
SURGERY	1	1	11.30	11.30	.004	11.30	.05
PATHOLOGY	2	5	74.09	14.82	.021	37.05	.30

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	84.88	42.44	.008	84.88	.35
CROSSOVERS/ALL OTH OUTPTNT	22	84	1,504.01	17.90	.346	68.36	6.19
@COUNTY HOSPITAL TOTAL	8	37	\$ 5,792.15	\$ 156.54	.152	\$ 724.02	\$ 23.84
CO HOSPITAL INPATIENT TOTAL	1	2	5,243.83	2621.92	.008	5243.83	21.58
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	5,243.83	2621.92	.008	5243.83	21.58
ACCOMMODATIONS	1	2	1,065.00	532.50	.008	1065.00	4.38
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,065.00	532.50	.008	1065.00	4.38
ANCILLARIES	1	0	4,178.83	.00	.000	4178.83	17.20
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	35	548.32	15.67	.144	68.54	2.26
MEDICAL	1	2	170.11	85.06	.008	170.11	.70
SURGERY	1	1	11.30	11.30	.004	11.30	.05
PATHOLOGY	2	5	74.09	14.82	.021	37.05	.30
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	84.88	42.44	.008	84.88	.35
CROSSOVERS/ALL OTH OUTPTNT	6	25	207.94	8.32	.103	34.66	.86
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 15,855
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C						

243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	59	\$ 1,296.07	\$ 21.97	.243	\$ 76.24	\$ 5.33
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17	59	1,296.07	21.97	.243	76.24	5.33
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	17	59	1,296.07	21.97	.243	76.24	5.33
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	8	\$ 232.65	\$ 29.08	.033	\$ 58.16	\$ .96
PATHOLOGY	3	7	194.65	27.81	.029	64.88	.80
XO AND OTHERS	1	1	38.00	38.00	.004	38.00	.16
@ORGANIZED OUTPATIENT CLINIC	38	55	\$ 2,586.93	\$ 47.04	.226	\$ 68.08	\$ 10.65
CLINIC	1	1	20.00	20.00	.004	20.00	.08
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	37	54	2,566.93	47.54	.222	69.38	10.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
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TRINITY COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C						

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243 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	43	1,543	\$ 8,327.58	\$ 5.40	6.350	\$ 193.66	\$ 34.27
DURABLE MED. EQUIP.	1	1	16.20	16.20	.004	16.20	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	9	786.85	87.43	.037	112.41	3.24
MEDICAL TRANSPORTATION	6	60	888.72	14.81	.247	148.12	3.66
AMBULANCES/AIR TRANS	2	9	432.16	48.02	.037	216.08	1.78
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	51	456.56	8.95	.210	114.14	1.88
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	15	195.89	13.06	.062	39.18	.81
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	33	1,458	6,439.92	4.42	6.000	195.15	26.50
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	74	1,995	\$ 5,256.34	\$ 2.63	8.210	\$ 71.03	\$ 21.63

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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TRINITY COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES      AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.00	.000	\$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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TRINITY COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD

549 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	451	7,621	\$ 207,312.37	\$ 27.20	13.882	\$ 459.67	\$ 377.62
@PHYSICIANS SERVICES	116	356	\$ 5,555.96	\$ 15.61	.648	\$ 47.90	\$ 10.12
OUTPATIENT VISITS	11	21	507.20	24.15	.038	46.11	.92
OFFICE VISITS	11	21	507.20	24.15	.038	46.11	.92
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	130.03	43.34	.005	43.34	.24
EXAMINATIONS	3	3	130.03	43.34	.005	43.34	.24
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	5	174.17	34.83	.009	58.06	.32
PRINCIPAL SURGEON	3	5	174.17	34.83	.009	58.06	.32
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	8.54	8.54	.002	8.54	.02
RADIOLOGY	2	4	95.17	23.79	.007	47.59	.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	110	322	4,640.85	14.41	.587	42.19	8.45
@PHARMACY	401	3,680	\$ 150,657.89	\$ 40.94	6.703	\$ 375.71	\$ 274.42
PRESCRIPTION DRUGS	395	1,909	145,436.17	76.18	3.477	368.19	264.91
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	395	1,909	145,436.17	76.18	3.477	368.19	264.91
MEDICAL SUPPLIES	63	1,771	5,221.72	2.95	3.226	82.88	9.51
@DENTIST	36	116	\$ 5,926.00	\$ 51.09	.211	\$ 164.61	\$ 10.79
VISITS - DIAGNOSTIC	25	80	1,087.00	13.59	.146	43.48	1.98
ORAL SURGERY	5	5	305.00	61.00	.009	61.00	.56
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	400.00	200.00	.004	200.00	.73
ENDODONTICS	4	6	1,135.00	189.17	.011	283.75	2.07
RESTORATIVE DENTISTRY	8	15	1,429.00	95.27	.027	178.63	2.60
PROSTHETICS	1	2	30.00	15.00	.004	30.00	.05

DENTURES, STAYPLATES	5	6	1,540.00	256.67	.011	308.00	2.81
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD

PAGE 15,862

01/17/03

549 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	27	\$ 583.52	\$ 21.61	.049	\$ 64.84	\$ 1.06
DIAGNOSTIC AND ANC. PROCED	5	5	197.81	39.56	.009	39.56	.36
EYE APPLIANCES	8	20	340.20	17.01	.036	42.53	.62
OTHER OPTOMETRIC SERVICES	1	2	45.51	22.76	.004	45.51	.08
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 3.72	\$ 3.72	.002	\$ 3.72	\$ .01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	3.72	3.72	.002	3.72	.01
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	40	145	\$ 12,094.59	\$ 83.41	.264	\$ 302.36	\$ 22.03
HOSP INPATIENT TOTAL	6	16	8,326.93	520.43	.029	1387.82	15.17
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	2	5,243.83	2621.92	.004	5243.83	9.55
ACCOMMODATIONS	1	2	1,065.00	532.50	.004	1065.00	1.94
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,065.00	532.50	.004	1065.00	1.94
ANCILLARIES	1	0	4,178.83	.00	.000	4178.83	7.61
INPATIENT CROSSOVERS	5	14	3,083.10	220.22	.026	616.62	5.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	35	129	3,767.66	29.21	.235	107.65	6.86
MEDICAL	1	2	170.11	85.06	.004	170.11	.31
SURGERY	1	1	11.30	11.30	.002	11.30	.02
PATHOLOGY	2	5	74.09	14.82	.009	37.05	.13
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	84.88	42.44	.004	84.88	.15
CROSSOVERS/ALL OTH OUTPTNT	33	119	3,427.28	28.80	.217	103.86	6.24
@COUNTY HOSPITAL TOTAL	18	65	\$ 6,920.27	\$ 106.47	.118	\$ 384.46	\$ 12.61
CO HOSPITAL INPATIENT TOTAL	2	8	6,055.83	756.98	.015	3027.92	11.03
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	5,243.83	2621.92	.004	5243.83	9.55
ACCOMMODATIONS	1	2	1,065.00	532.50	.004	1065.00	1.94
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,065.00	532.50	.004	1065.00	1.94
ANCILLARIES	1	0	4,178.83	.00	.000	4178.83	7.61

INPATIENT CROSSOVERS	1	6	812.00	135.33	.011	812.00	1.48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	17	57	864.44	15.17	.104	50.85	1.57
MEDICAL	1	2	170.11	85.06	.004	170.11	.31
SURGERY	1	1	11.30	11.30	.002	11.30	.02
PATHOLOGY	2	5	74.09	14.82	.009	37.05	.13
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	84.88	42.44	.004	84.88	.15
CROSSOVERS/ALL OTH OUTPTNT	15	47	524.06	11.15	.086	34.94	.95

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TRINITY COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD

549 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25	80	\$ 5,174.32	\$ 64.68	.146	\$ 206.97	\$ 9.42
COMM HOSP INPATIENT TOTAL	4	8	2,271.10	283.89	.015	567.78	4.14
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	8	2,271.10	283.89	.015	567.78	4.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	21	72	2,903.22	40.32	.131	138.25	5.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	21	72		2,903.22	40.32	.131	138.25	5.29
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	6	0	\$	8,677.52	\$ .00	.000	\$ 1446.25	\$ 15.81
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	6	0		8,677.52	.00	.000	1446.25	15.81
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	14	\$	255.19	\$ 18.23	.026	\$ 42.53	\$ .46
PATHOLOGY	3	7		194.65	27.81	.013	64.88	.35
XO AND OTHERS	3	7		60.54	8.65	.013	20.18	.11
@ORGANIZED OUTPATIENT CLINIC	81	121	\$	7,053.24	\$ 58.29	.220	\$ 87.08	\$ 12.85
CLINIC	1	1		20.00	20.00	.002	20.00	.04
SURGICENTER	3	4		672.32	168.08	.007	224.11	1.22
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	77	116		6,360.92	54.84	.211	82.61	11.59

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TRINITY COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD

549 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	122	3,161	\$ 16,504.74	\$ 5.22	5.758	\$ 135.28	\$ 30.06
DURABLE MED. EQUIP.	2	2	65.58	32.79	.004	32.79	.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	16	22	2,033.11	92.41	.040	127.07	3.70
MEDICAL TRANSPORTATION	12	250	1,635.11	6.54	.455	136.26	2.98
AMBULANCES/AIR TRANS	2	9	432.16	48.02	.016	216.08	.79
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	10	241	1,202.95	4.99	.439	120.30	2.19
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	29	384.62	13.26	.053	32.05	.70
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	100	2,858	12,386.32	4.33	5.206	123.86	22.56
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	204	2,743	\$ 28,839.18	\$ 10.51	4.996	\$ 141.37	\$ 52.53

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,865
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED	AID CODE 18

288 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	237	7,596	\$ 236,130.41	\$ 31.09	26.375	\$ 996.33	\$ 819.90
@PHYSICIANS SERVICES	43	89	\$ 1,198.95	\$ 13.47	.309	\$ 27.88	\$ 4.16
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	43	89	1,198.95	13.47	.309	27.88	4.16
@PHARMACY	184	1,040	\$ 65,948.78	\$ 63.41	3.611	\$ 358.42	\$ 228.99
PRESCRIPTION DRUGS	180	981	63,959.66	65.20	3.406	355.33	222.08
SNF/ICF	4	52	2,498.57	48.05	.181	624.64	8.68
OUTPATIENTS	176	929	61,461.09	66.16	3.226	349.21	213.41
MEDICAL SUPPLIES	14	59	1,989.12	33.71	.205	142.08	6.91
@DENTIST	6	9	\$ 560.00	\$ 62.22	.031	\$ 93.33	\$ 1.94
VISITS - DIAGNOSTIC	3	5	70.00	14.00	.017	23.33	.24
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	4	490.00	122.50	.014	163.33	1.70
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,866  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED      AID CODE 18

288 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 15.15	\$ 15.15	.003	\$ 15.15	\$ .05
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	1	15.15	15.15	.003	15.15	.05
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$ 27.07	\$ 9.02	.010	\$ 9.02	\$ .09
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	3	27.07	9.02	.010	9.02	.09
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	17	100	\$ 6,883.43	\$ 68.83	.347	\$ 404.91	\$ 23.90
HOSP INPATIENT TOTAL	8	39	5,317.86	136.36	.135	664.73	18.46
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	39	5,317.86	136.36	.135	664.73	18.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	61	1,565.57	25.67	.212	156.56	5.44
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	10	61	1,565.57	25.67	.212	156.56	5.44
@COUNTY HOSPITAL TOTAL	7	30	\$ 2,579.93	\$ 86.00	.104	\$ 368.56	\$ 8.96
CO HOSPITAL INPATIENT TOTAL	3	17	2,109.86	124.11	.059	703.29	7.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	17	2,109.86	124.11	.059	703.29	7.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	13	470.07	36.16	.045	94.01	1.63
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	13	470.07	36.16	.045	94.01	1.63

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,867  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR    IN HOME SUPPORT - AGED      AID CODE 18

288 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	70	\$ 4,303.50	\$ 61.48	.243	\$ 430.35	\$ 14.94
COMM HOSP INPATIENT TOTAL	5	22	3,208.00	145.82	.076	641.60	11.14
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	22	3,208.00	145.82	.076	641.60	11.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	48	1,095.50	22.82	.167	219.10	3.80
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	48	1,095.50	22.82	.167	219.10	3.80
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	29	645	\$ 149,332.90	\$ 231.52	2.240	\$ 5149.41	\$ 518.52
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	29	645	149,332.90	231.52	2.240	5149.41	518.52
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	5	\$	26.15	\$	5.23	.017	\$	6.54	\$	.09
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	4	5		26.15		5.23	.017		6.54		.09
@ORGANIZED OUTPATIENT CLINIC	40	72	\$	2,905.77	\$	40.36	.250	\$	72.64	\$	10.09
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	2		384.24		192.12	.007		384.24		1.33
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	39	70		2,521.53		36.02	.243		64.65		8.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 15,868
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED										AID CODE 18

288 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----							
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@ALL OTHER PROVIDERS	81	5,632	\$	9,232.21	\$	1.64	19.556	\$	113.98	\$	32.06
DURABLE MED. EQUIP.	7	20		2,344.57		117.23	.069		334.94		8.14
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	18	276		1,639.97		5.94	.958		91.11		5.69
AMBULANCES/AIR TRANS	1	1		107.16		107.16	.003		107.16		.37
OTHER TRANS	3	24		113.88		4.75	.083		37.96		.40
OTHER SERVICES	15	251		1,418.93		5.65	.872		94.60		4.93
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	1	2		26.08		13.04	.007		26.08		.09
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4		186.04	46.51	.014	93.02	.65
PROSTHETICS	2	4		186.04	46.51	.014	93.02	.65
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	66	5,330		5,035.55	.94	18.507	76.30	17.48
@CALIF. CHILDREN SERVICES*	2	7	\$	978.60	\$ 139.80	.024	\$ 489.30	\$ 3.40
@XOVER EXCLUDING STATE HOSP**	120	667	\$	21,052.38	\$ 31.56	2.316	\$ 175.44	\$ 73.10

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,869
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3	12	\$ 299.87	\$ 24.99	1.091	\$ 99.96	\$ 27.26
@PHYSICIANS SERVICES	2	4	\$ 60.26	\$ 15.07	.364	\$ 30.13	\$ 5.48
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	4	60.26	15.07	.364	30.13	5.48
@PHARMACY	2	6	\$ 51.70	\$ 8.62	.545	\$ 25.85	\$ 4.70
PRESCRIPTION DRUGS	2	6	51.70	8.62	.545	25.85	4.70

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2	6	51.70	8.62	.545	25.85	4.70
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,870  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	2	\$ 187.91	\$ 93.96	.182	\$ 187.91	\$ 17.08
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.091	47.45	4.31
EYE APPLIANCES	1	1	140.46	140.46	.091	140.46	12.77
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 15,871
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						AID CODE 28

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 15,872
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TRINITY COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						AID CODE 28

11 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	2	4	\$ 60.26	\$ 15.07	.364	\$ 30.13	\$ 5.48

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV  
MOP024  
TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

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197 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE 68				
				----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	144	7,054	\$ 73,524.33	\$ 10.42	35.807	\$ 510.59	\$ 373.22	
@PHYSICIANS SERVICES	38	171	\$ 3,399.06	\$ 19.88	.868	\$ 89.45	\$ 17.25	
OUTPATIENT VISITS	2	3	165.43	55.14	.015	82.72	.84	
OFFICE VISITS	1	2	97.08	48.54	.010	97.08	.49	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1	68.35	68.35	.005	68.35	.35	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	1	13	308.64	23.74	.066	308.64	1.57	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	13	308.64	23.74	.066	308.64	1.57	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	1	10.12	10.12	.005	10.12	.05	

RADIOLOGY	2	2		84.77	42.39	.010	42.39	.43
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	36	152		2,830.10	18.62	.772	78.61	14.37
@PHARMACY	131	3,044	\$	56,505.06	\$ 18.56	15.452	\$ 431.34	\$ 286.83
PRESCRIPTION DRUGS	130	687		54,703.43	79.63	3.487	420.80	277.68
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	130	687		54,703.43	79.63	3.487	420.80	277.68
MEDICAL SUPPLIES	13	2,357		1,801.63	.76	11.964	138.59	9.15
@DENTIST	2	4	\$	162.00	\$ 40.50	.020	\$ 81.00	\$ .82
VISITS - DIAGNOSTIC	2	2		20.00	10.00	.010	10.00	.10
ORAL SURGERY	1	1		85.00	85.00	.005	85.00	.43
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		57.00	57.00	.005	57.00	.29
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
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197 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	18	\$ 377.12	\$ 20.95	.091	\$ 75.42	\$ 1.91
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.015	47.45	.72
EYE APPLIANCES	4	15	234.77	15.65	.076	58.69	1.19
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2	\$ 144.76	\$ 72.38	.010	\$ 144.76	\$ .73
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	144.76	72.38	.010	144.76	.73
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	21	71	\$ 7,151.50	\$ 100.73	.360	\$ 340.55	\$ 36.30
HOSP INPATIENT TOTAL	6	36	4,832.00	134.22	.183	805.33	24.53
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	6	36	4,832.00	134.22	.183	805.33	24.53
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	16	35	2,319.50	66.27	.178	144.97	11.77
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	13.43	13.43	.005	13.43	.07
PATHOLOGY	1	1	31.97	31.97	.005	31.97	.16
RADIOLOGY	0	0	34.70	.00	.000	.00	.18
ROOM USE	1	1	31.93	31.93	.005	31.93	.16
CROSSOVERS/ALL OTH OUTPTNT	15	32	2,207.47	68.98	.162	147.16	11.21
@COUNTY HOSPITAL TOTAL	8	16	\$ 1,804.80	\$ 112.80	.081	\$ 225.60	\$ 9.16
CO HOSPITAL INPATIENT TOTAL	2	8	1,604.00	200.50	.041	802.00	8.14
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	8	1,604.00	200.50	.041	802.00	8.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	8	200.80	25.10	.041	33.47	1.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	23.15	23.15	.005	23.15	.12
RADIOLOGY	0	0	34.70	.00	.000	.00	.18
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	7	142.95	20.42	.036	28.59	.73

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TRINITY COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED      AID CODE 68

197 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	55	\$ 5,346.70	\$ 97.21	.279	\$ 411.28	\$ 27.14
COMM HOSP INPATIENT TOTAL	4	28	3,228.00	115.29	.142	807.00	16.39
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	28	3,228.00	115.29	.142	807.00	16.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	27	2,118.70	78.47	.137	211.87	10.75
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	13.43	13.43	.005	13.43	.07
PATHOLOGY	0	0	8.82	.00	.000	.00	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	31.93	31.93	.005	31.93	.16
CROSSOVERS/ALL OTH OUTPTNT	10	25	2,064.52	82.58	.127	206.45	10.48
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	6	24	\$	241.65	\$	10.07	.122	\$ 40.28	\$ 1.23
PATHOLOGY	3	21		230.90		11.00	.107	76.97	1.17
XO AND OTHERS	3	3		10.75		3.58	.015	3.58	.05
@ORGANIZED OUTPATIENT CLINIC	33	63	\$	2,053.98	\$	32.60	.320	\$ 62.24	\$ 10.43
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	33	63		2,053.98		32.60	.320	62.24	10.43

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TRINITY COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED      AID CODE 68

197 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	41	3,657	\$ 3,489.20	\$ .95	18.563	\$ 85.10	\$ 17.71
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	166	881.92	5.31	.843	125.99	4.48
AMBULANCES/AIR TRANS	1	55	316.23	5.75	.279	316.23	1.61
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	6	111	565.69	5.10	.563	94.28	2.87
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	13	156.54	12.04	.066	26.09	.79
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	301.89	.00	.000	.00	1.53
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	34	3,478		2,148.85		.62	17.655	63.20	10.91
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	69	2,680	\$	12,815.32	\$	4.78	13.604	185.73	65.05

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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TRINITY COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT

496 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	384	14,662	\$ 309,954.61	\$ 21.14	29.560	\$ 807.17	\$ 624.91	
@PHYSICIANS SERVICES	83	264	\$ 4,658.27	\$ 17.64	.532	\$ 56.12	\$ 9.39	
OUTPATIENT VISITS	2	3	165.43	55.14	.006	82.72	.33	
OFFICE VISITS	1	2	97.08	48.54	.004	97.08	.20	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1	68.35	68.35	.002	68.35	.14	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	1	13	308.64	23.74	.026	308.64	.62	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	13	308.64	23.74	.026	308.64	.62	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	1	10.12	10.12	.002	10.12	.02	
RADIOLOGY	2	2	84.77	42.39	.004	42.39	.17	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	81	245	4,089.31	16.69	.494	50.49	8.24	
@PHARMACY	317	4,090	\$ 122,505.54	\$ 29.95	8.246	\$ 386.45	\$ 246.99	
PRESCRIPTION DRUGS	312	1,674	118,714.79	70.92	3.375	380.50	239.34	
SNF/ICF	4	52	2,498.57	48.05	.105	624.64	5.04	
OUTPATIENTS	308	1,622	116,216.22	71.65	3.270	377.33	234.31	
MEDICAL SUPPLIES	27	2,416	3,790.75	1.57	4.871	140.40	7.64	
@DENTIST	8	13	\$ 722.00	\$ 55.54	.026	\$ 90.25	\$ 1.46	
VISITS - DIAGNOSTIC	5	7	90.00	12.86	.014	18.00	.18	
ORAL SURGERY	1	1	85.00	85.00	.002	85.00	.17	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	1	1	57.00	57.00	.002	57.00	.11	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	

DENTURES, STAYPLATES	3	4	490.00	122.50	.008	163.33	.99
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT

PAGE 15,878  
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496 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7	21	\$ 580.18	\$ 27.63	.042	\$ 82.88	\$ 1.17
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.008	47.45	.38
EYE APPLIANCES	5	16	375.23	23.45	.032	75.05	.76
OTHER OPTOMETRIC SERVICES	1	1	15.15	15.15	.002	15.15	.03
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	5	\$ 171.83	\$ 34.37	.010	\$ 42.96	\$ .35
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	5	171.83	34.37	.010	42.96	.35
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	38	171	\$ 14,034.93	\$ 82.08	.345	\$ 369.34	\$ 28.30
HOSP INPATIENT TOTAL	14	75	10,149.86	135.33	.151	724.99	20.46
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	14	75	10,149.86	135.33	.151	724.99	20.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	26	96	3,885.07	40.47	.194	149.43	7.83
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	13.43	13.43	.002	13.43	.03
PATHOLOGY	1	1	31.97	31.97	.002	31.97	.06
RADIOLOGY	0	0	34.70	.00	.000	.00	.07
ROOM USE	1	1	31.93	31.93	.002	31.93	.06
CROSSOVERS/ALL OTH OUTPTNT	25	93	3,773.04	40.57	.188	150.92	7.61
@COUNTY HOSPITAL TOTAL	15	46	\$ 4,384.73	\$ 95.32	.093	\$ 292.32	\$ 8.84
CO HOSPITAL INPATIENT TOTAL	5	25	3,713.86	148.55	.050	742.77	7.49
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	25	3,713.86	148.55	.050	742.77	7.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	21	670.87	31.95	.042	60.99	1.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	23.15	23.15	.002	23.15	.05
RADIOLOGY	0	0	34.70	.00	.000	.00	.07
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	10	20	613.02	30.65	.040	61.30	1.24

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TRINITY COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT

496 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	125	\$ 9,650.20	\$ 77.20	.252	\$ 419.57	\$ 19.46
COMM HOSP INPATIENT TOTAL	9	50	6,436.00	128.72	.101	715.11	12.98
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	50	6,436.00	128.72	.101	715.11	12.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15	75	3,214.20	42.86	.151	214.28	6.48
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	13.43	13.43	.002	13.43	.03
PATHOLOGY	0	0	8.82	.00	.000	.00	.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	31.93	31.93	.002	31.93	.06

CROSSOVERS/ALL OTH OUTPTNT	15	73		3,160.02		43.29	.147	210.67	6.37
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	29	645	\$	149,332.90	\$	231.52	1.300	\$ 5149.41	\$ 301.07
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	29	645		149,332.90		231.52	1.300	5149.41	301.07
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	10	29	\$	267.80	\$	9.23	.058	\$ 26.78	\$ .54
PATHOLOGY	3	21		230.90		11.00	.042	76.97	.47
XO AND OTHERS	7	8		36.90		4.61	.016	5.27	.07
@ORGANIZED OUTPATIENT CLINIC	73	135	\$	4,959.75	\$	36.74	.272	\$ 67.94	\$ 10.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	1	2		384.24		192.12	.004	384.24	.77
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	72	133		4,575.51		34.40	.268	63.55	9.22

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TRINITY COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT

496 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	122	9,289	\$ 12,721.41	\$ 1.37	18.728	\$ 104.27	\$ 25.65
DURABLE MED. EQUIP.	7	20	2,344.57	117.23	.040	334.94	4.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	25	442	2,521.89	5.71	.891	100.88	5.08
AMBULANCES/AIR TRANS	2	56	423.39	7.56	.113	211.70	.85
OTHER TRANS	3	24	113.88	4.75	.048	37.96	.23
OTHER SERVICES	21	362	1,984.62	5.48	.730	94.51	4.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	15	182.62	12.17	.030	26.09	.37
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	186.04	46.51	.008	93.02	.38
PROSTHETICS	2	4	186.04	46.51	.008	93.02	.38
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		301.89	.00	.000	.00	.61
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	100	8,808		7,184.40	.82	17.758	71.84	14.48
@CALIF. CHILDREN SERVICES*	2	7	\$	978.60	\$ 139.80	.014	\$ 489.30	\$ 1.97
@XOVER EXCLUDING STATE HOSP**	191	3,351	\$	33,927.96	\$ 10.12	6.756	\$ 177.63	\$ 68.40

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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TRINITY COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

1,474 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,108	18,461	\$ 656,729.22	\$ 35.57	12.524	\$ 592.72	\$ 445.54
@PHYSICIANS SERVICES	263	883	\$ 12,686.02	\$ 14.37	.599	\$ 48.24	\$ 8.61
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	263	883	12,686.02	14.37	.599	48.24	8.61
@PHARMACY	929	4,749	\$ 306,517.89	\$ 64.54	3.222	\$ 329.94	\$ 207.95
PRESCRIPTION DRUGS	918	4,437	295,846.86	66.68	3.010	322.27	200.71
SNF/ICF	16	138	5,756.40	41.71	.094	359.78	3.91
OUTPATIENTS	904	4,299	290,090.46	67.48	2.917	320.90	196.80
MEDICAL SUPPLIES	92	312	10,671.03	34.20	.212	115.99	7.24
@DENTIST	62	152	\$ 13,572.00	\$ 89.29	.103	\$ 218.90	\$ 9.21
VISITS - DIAGNOSTIC	33	72	1,146.00	15.92	.049	34.73	.78
ORAL SURGERY	6	16	694.00	43.38	.011	115.67	.47

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	400.00	200.00	.001	200.00	.27
ENDODONTICS	7	9	1,870.00	207.78	.006	267.14	1.27
RESTORATIVE DENTISTRY	14	22	3,257.00	148.05	.015	232.64	2.21
PROSTHETICS	1	2	30.00	15.00	.001	30.00	.02
DENTURES, STAYPLATES	19	29	6,175.00	212.93	.020	325.00	4.19
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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TRINITY COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

1,474 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	48	\$ 1,226.56	\$ 25.55	.033	\$ 68.14	\$ .83
DIAGNOSTIC AND ANC. PROCED	10	10	435.06	43.51	.007	43.51	.30
EYE APPLIANCES	12	34	672.85	19.79	.023	56.07	.46
OTHER OPTOMETRIC SERVICES	4	4	118.65	29.66	.003	29.66	.08
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	4	\$ 30.79	\$ 7.70	.003	\$ 7.70	\$ .02
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	30.79	7.70	.003	7.70	.02
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	85	380	\$ 26,386.16	\$ 69.44	.258	\$ 310.43	\$ 17.90
HOSP INPATIENT TOTAL	31	130	19,073.23	146.72	.088	615.27	12.94
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	31	130	19,073.23	146.72	.088	615.27	12.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	56	250	7,312.93	29.25	.170	130.59	4.96
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	56	250	7,312.93	29.25	.170	130.59	4.96
@COUNTY HOSPITAL TOTAL	39	155	\$ 9,380.71	\$ 60.52	.105	\$ 240.53	\$ 6.36
CO HOSPITAL INPATIENT TOTAL	10	66	7,331.41	111.08	.045	733.14	4.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	10	66	7,331.41	111.08	.045	733.14	4.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	30	89	2,049.30	23.03	.060	68.31	1.39
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	30	89	2,049.30	23.03	.060	68.31	1.39

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					----- MONTHLY AVERAGE -----			
1,474 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	49	225	\$ 17,005.45	\$ 75.58	.153	\$ 347.05	\$ 11.54	
COMM HOSP INPATIENT TOTAL	21	64	11,741.82	183.47	.043	559.13	7.97	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	21	64	11,741.82	183.47	.043	559.13	7.97	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	29	161		5,263.63	32.69	.109	181.50	3.57
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	29	161		5,263.63	32.69	.109	181.50	3.57
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	52	1,040	\$	249,993.35	\$ 240.38	.706	\$ 4807.56	\$ 169.60
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	52	1,040		249,993.35	240.38	.706	4807.56	169.60
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	13	23	\$	110.52	\$ 4.81	.016	\$ 8.50	\$ .07
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	13	23		110.52	4.81	.016	8.50	.07
@ORGANIZED OUTPATIENT CLINIC	144	226	\$	11,223.61	\$ 49.66	.153	\$ 77.94	\$ 7.61
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	5	7		1,588.56	226.94	.005	317.71	1.08
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	139	219		9,635.05	44.00	.149	69.32	6.54

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					----- MONTHLY AVERAGE -----			
1,474 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	309	10,956	\$ 34,982.32	\$ 3.19	7.433	\$ 113.21	\$ 23.73	
DURABLE MED. EQUIP.	13	30	7,790.00	259.67	.020	599.23	5.28	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	13	21	3,008.61	143.27	.014	231.43	2.04	
MEDICAL TRANSPORTATION	50	997	5,140.13	5.16	.676	102.80	3.49	
AMBULANCES/AIR TRANS	1	1	107.16	107.16	.001	107.16	.07	
OTHER TRANS	10	99	472.16	4.77	.067	47.22	.32	
OTHER SERVICES	42	897	4,560.81	5.08	.609	108.59	3.09	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	20	41	524.61	12.80	.028	26.23	.36	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	6	264.90	44.15	.004	88.30	.18
PROSTHETICS	3	6	264.90	44.15	.004	88.30	.18
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	246	9,861	18,254.07	1.85	6.690	74.20	12.38
@CALIF. CHILDREN SERVICES*	2	7	\$ 978.60	\$ 139.80	.005	\$ 489.30	\$ .66
@XOVER EXCLUDING STATE HOSP**	523	2,916	\$ 91,142.11	\$ 31.26	1.978	\$ 174.27	\$ 61.83

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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TRINITY COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	114	2,157	\$ 57,087.21	\$ 26.47	13.152	\$ 500.77	\$ 348.09
@PHYSICIANS SERVICES	30	65	\$ 2,284.31	\$ 35.14	.396	\$ 76.14	\$ 13.93
OUTPATIENT VISITS	10	14	518.79	37.06	.085	51.88	3.16
OFFICE VISITS	9	13	450.44	34.65	.079	50.05	2.75
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.006	68.35	.42
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	3	148.80	49.60	.018	148.80	.91
HOSPITAL VISITS	1	3	148.80	49.60	.018	148.80	.91
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	94.94	47.47	.012	47.47	.58
EXAMINATIONS	2	2	94.94	47.47	.012	47.47	.58
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	485.48	242.74	.012	242.74	2.96
PRINCIPAL SURGEON	2	2	485.48	242.74	.012	242.74	2.96
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	12.78	12.78	.006	12.78	.08
RADIOLOGY	6	6	64.87	10.81	.037	10.81	.40
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	19	37	958.65	25.91	.226	50.46	5.85
@PHARMACY	96	1,252	\$ 22,206.19	\$ 17.74	7.634	\$ 231.31	\$ 135.40
PRESCRIPTION DRUGS	91	331	18,672.46	56.41	2.018	205.19	113.86

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	91	331	18,672.46	56.41	2.018	205.19	113.86
MEDICAL SUPPLIES	18	921	3,533.73	3.84	5.616	196.32	21.55
@DENTIST	7	36	\$ 1,127.00	\$ 31.31	.220	\$ 161.00	\$ 6.87
VISITS - DIAGNOSTIC	5	17	202.00	11.88	.104	40.40	1.23
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.006	215.00	1.31
RESTORATIVE DENTISTRY	2	6	307.00	51.17	.037	153.50	1.87
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	12	403.00	33.58	.073	403.00	2.46
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@OPTOMETRIST	3	9	\$ 321.06	\$ 35.67	.055      \$ 107.02      \$ 1.96
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.012      47.45      .58
EYE APPLIANCES	3	7	226.16	32.31	.043      75.39      1.38
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000      .00      .00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000      \$ .00      \$ .00
VISITS	0	0	.00	.00	.000      .00      .00
OTHER SERVICES	0	0	.00	.00	.000      .00      .00
@PODIATRIST	1	1	\$ 6.29	\$ 6.29	.006      \$ 6.29      \$ .04
MEDICINE/INJECTIONS	0	0	.00	.00	.000      .00      .00
SURGERY/ANES.	0	0	.00	.00	.000      .00      .00
RADIO./PATHOLOGY	0	0	.00	.00	.000      .00      .00
OTHER	1	1	6.29	6.29	.006      6.29      .04
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000      \$ .00      \$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000      .00      .00
NURSE MIDWIFE	0	0	.00	.00	.000      .00      .00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000      .00      .00
FAMILY NURSE PRACTITIONER	3	4	\$ 85.80	\$ 21.45	.024      \$ 28.60      \$ .52
@TOTAL HOSPITAL	26	253	\$ 11,190.72	\$ 44.23	1.543      \$ 430.41      \$ 68.24
HOSP INPATIENT TOTAL	2	13	6,855.92	527.38	.079      3427.96      41.80
HSC HOSPITALS	0	0	.00	.00	.000      .00      .00
NON-HSC HOSPITAL TOTAL	1	3	6,835.92	2278.64	.018      6835.92      41.68
ACCOMMODATIONS	1	3	1,687.50	562.50	.018      1687.50      10.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000      .00      .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000      .00      .00
ALL OTHER ACCOM	1	3	1,687.50	562.50	.018      1687.50      10.29
ANCILLARIES	1	0	5,148.42	.00	.000      5148.42      31.39
INPATIENT CROSSOVERS	1	10	20.00	2.00	.061      20.00      .12
ALL OTHER INPATIENT	0	0	.00	.00	.000      .00      .00
HOSP OUTPATIENT TOTAL	25	240	4,334.80	18.06	1.463      173.39      26.43
MEDICAL	18	28	1,429.10	51.04	.171      79.39      8.71
SURGERY	1	1	105.42	105.42	.006      105.42      .64
PATHOLOGY	11	49	491.91	10.04	.299      44.72      3.00

RADIOLOGY	5	5		161.35	32.27	.030	32.27	.98	
ROOM USE	14	31		1,037.44	33.47	.189	74.10	6.33	
CROSSOVERS/ALL OTH OUTPTNT	8	126		1,109.58	8.81	.768	138.70	6.77	
@COUNTY HOSPITAL TOTAL	14	104	\$	9,312.11	\$ 89.54	.634	\$ 665.15	\$ 56.78	
CO HOSPITAL INPATIENT TOTAL	1	3		6,835.92	2278.64	.018	6835.92	41.68	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	1	3		6,835.92	2278.64	.018	6835.92	41.68	
ACCOMMODATIONS	1	3		1,687.50	562.50	.018	1687.50	10.29	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	3		1,687.50	562.50	.018	1687.50	10.29	
ANCILLARIES	1	0		5,148.42	.00	.000	5148.42	31.39	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	14	101		2,476.19	24.52	.616	176.87	15.10	
MEDICAL	13	18		1,084.06	60.23	.110	83.39	6.61	
SURGERY	1	1		105.42	105.42	.006	105.42	.64	
PATHOLOGY	9	44		422.16	9.59	.268	46.91	2.57	
RADIOLOGY	4	4		132.66	33.17	.024	33.17	.81	
ROOM USE	6	7		389.34	55.62	.043	64.89	2.37	
CROSSOVERS/ALL OTH OUTPTNT	5	27		342.55	12.69	.165	68.51	2.09	
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	164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	149	\$	1,878.61	\$ 12.61	.909	\$ 144.51	\$ 11.45
COMM HOSP INPATIENT TOTAL	1	10		20.00	2.00	.061	20.00	.12
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	10		20.00	2.00	.061	20.00	.12
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12	139		1,858.61	13.37	.848	154.88	11.33
MEDICAL	5	10		345.04	34.50	.061	69.01	2.10
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	5		69.75	13.95	.030	34.88	.43
RADIOLOGY	1	1		28.69	28.69	.006	28.69	.17
ROOM USE	9	24		648.10	27.00	.146	72.01	3.95
CROSSOVERS/ALL OTH OUTPTNT	3	99		767.03	7.75	.604	255.68	4.68
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	0	\$	2,574.00	\$ .00	.000	\$ 2574.00	\$ 15.70
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	0		2,574.00	.00	.000	2574.00	15.70
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0		.00		.00	.000	.00	.00	
ICF DD	0	0		.00		.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00	
@REHABILITATION FACILITY	1	2	\$	42.38	\$	21.19	.012	\$ 42.38	\$ .26	
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	1	2		42.38		21.19	.012	42.38	.26	
@LABORATORY FACILITY	9	28	\$	545.33	\$	19.48	.171	\$ 60.59	\$ 3.33	
PATHOLOGY	9	28		545.33		19.48	.171	60.59	3.33	
XO AND OTHERS	0	0		.00		.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	11	17	\$	1,566.47	\$	92.15	.104	\$ 142.41	\$ 9.55	
CLINIC	2	4		57.95		14.49	.024	28.98	.35	
SURGICENTER	0	0		.00		.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	9	13		1,508.52		116.04	.079	167.61	9.20	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									PAGE 15,888
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TRINITY COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND									

164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	29	490	\$ 15,137.66	\$ 30.89	2.988	\$ 521.99	\$ 92.30
DURABLE MED. EQUIP.	3	67	8,988.55	134.16	.409	2996.18	54.81
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	12	1,796.39	149.70	.073	299.40	10.95
MEDICAL TRANSPORTATION	5	221	1,999.52	9.05	1.348	399.90	12.19
AMBULANCES/AIR TRANS	4	105	900.42	8.58	.640	225.11	5.49
OTHER TRANS	1	116	1,099.10	9.48	.707	1099.10	6.70
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	47.60	7.93	.037	23.80	.29
PHYSICAL THERAPIST	6	25	350.93	14.04	.152	58.49	2.14
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	264.97	33.12	.049	66.24	1.62
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	118	1,476.68	12.51	.720	492.23	9.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	33	213.02	6.46	.201	71.01	1.30
@CALIF. CHILDREN SERVICES*	9	47	\$ 8,686.43	\$ 184.82	.287	\$ 965.16	\$ 52.97
@XOVER EXCLUDING STATE HOSP**	19	161	\$ 4,111.92	\$ 25.54	.982	\$ 216.42	\$ 25.07

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,889  
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TRINITY COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

6,723 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@TOTAL, ALL PROVIDERS	5,234	90,392	\$ 4,053,226.01	\$ 44.84	13.445 \$ 774.40 \$ 602.89
@PHYSICIANS SERVICES	1,757	6,560	\$ 267,006.92	\$ 40.70	.976 \$ 151.97 \$ 39.72
OUTPATIENT VISITS	873	1,421	51,998.94	36.59	.211 59.56 7.73
OFFICE VISITS	767	1,184	39,281.75	33.18	.176 51.21 5.84
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	123	154	8,982.00	58.32	.023 73.02 1.34
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRI PERI	16	52	2,314.11	44.50	.008 144.63 .34
OTHER OUTPATIENT	22	31	1,421.08	45.84	.005 64.59 .21
INPATIENT VISITS	116	453	23,595.47	52.09	.067 203.41 3.51
HOSPITAL VISITS	105	408	18,852.09	46.21	.061 179.54 2.80
CRITICAL CARE	15	37	4,498.38	121.58	.006 299.89 .67
SNF/ICF/TRANS IP CARE	5	8	245.00	30.63	.001 49.00 .04
OPHTHALMOLOGICAL SERVICES	30	33	1,519.53	46.05	.005 50.65 .23
EXAMINATIONS	30	32	1,484.24	46.38	.005 49.47 .22
SERVICES AND MATERIALS	1	1	35.29	35.29	.000 35.29 .01
INPATIENT HOSPITAL SURGERY	47	281	32,615.06	116.07	.042 693.94 4.85
PRINCIPAL SURGEON	35	54	25,723.87	476.37	.008 734.97 3.83
ASSISTANT SURGEON	12	15	2,544.18	169.61	.002 212.02 .38
ANESTHESIOLOGIST	14	212	4,347.01	20.50	.032 310.50 .65
OUTPATIENT SURGERY	150	318	37,327.76	117.38	.047 248.85 5.55
PRINCIPAL SURGEON	137	200	34,127.38	170.64	.030 249.10 5.08
ASSISTANT SURGEON	2	2	236.42	118.21	.000 118.21 .04
ANESTHESIOLOGIST	21	116	2,963.96	25.55	.017 141.14 .44
DIALYSIS	10	58	5,308.64	91.53	.009 530.86 .79
PATHOLOGY	137	245	2,608.98	10.65	.036 19.04 .39

6,723 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	163	482	\$ 11,302.13	\$ 23.45	.072	\$ 69.34	\$ 1.68
DIAGNOSTIC AND ANC. PROCED	110	109	4,954.94	45.46	.016	45.04	.74
EYE APPLIANCES	127	357	6,030.17	16.89	.053	47.48	.90
OTHER OPTOMETRIC SERVICES	10	16	317.02	19.81	.002	31.70	.05
@CHIROPRACTOR	29	43	\$ 718.96	\$ 16.72	.006	\$ 24.79	\$ .11
VISITS	28	39	652.08	16.72	.006	23.29	.10
OTHER SERVICES	1	4	66.88	16.72	.001	66.88	.01
@PODIATRIST	12	17	\$ 725.64	\$ 42.68	.003	\$ 60.47	\$ .11
MEDICINE/INJECTIONS	8	8	239.60	29.95	.001	29.95	.04
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	9	486.04	54.00	.001	81.01	.07
@HOME HEALTH AGENCY	27	216	\$ 14,497.06	\$ 67.12	.032	\$ 536.93	\$ 2.16
NURSE ANESTHESIST	3	23	\$ 357.71	\$ 15.55	.003	\$ 119.24	\$ .05
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	2	\$ 71.80	\$ 35.90	.000	\$ 35.90	\$ .01
@TOTAL HOSPITAL	1,250	7,314	\$ 1,447,242.63	\$ 197.87	1.088	\$ 1157.79	\$ 215.27
HOSP INPATIENT TOTAL	127	667	1,253,412.78	1879.18	.099	9869.39	186.44
HSC HOSPITALS	2	11	15,185.00	1380.45	.002	7592.50	2.26
NON-HSC HOSPITAL TOTAL	88	508	1,211,865.56	2385.56	.076	13771.20	180.26
ACCOMMODATIONS	87	508	246,009.55	484.27	.076	2827.70	36.59
ADMINISTRATIVE DAYS	0	0	34.60CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	87	508	246,044.15	484.34	.076	2828.09	36.60
ANCILLARIES	88	0	965,856.01	.00	.000	10975.64	143.66

INPATIENT CROSSOVERS	37	148		26,362.22	178.12	.022	712.49	3.92	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	1,176	6,647		193,829.85	29.16	.989	164.82	28.83	
MEDICAL	422	808		38,997.67	48.26	.120	92.41	5.80	
SURGERY	151	196		10,181.44	51.95	.029	67.43	1.51	
PATHOLOGY	576	2,440		29,508.52	12.09	.363	51.23	4.39	
RADIOLOGY	340	550		42,575.21	77.41	.082	125.22	6.33	
ROOM USE	430	703		35,148.12	50.00	.105	81.74	5.23	
CROSSOVERS/ALL OTH OUTPTNT	510	1,950		37,418.89	19.19	.290	73.37	5.57	
@COUNTY HOSPITAL TOTAL	819	4,148	\$	413,420.39	\$ 99.67	.617	\$ 504.79	\$ 61.49	
CO HOSPITAL INPATIENT TOTAL	57	182		297,469.15	1634.45	.027	5218.76	44.25	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	42	138		286,251.50	2074.29	.021	6815.51	42.58	
ACCOMMODATIONS	42	138		72,586.50	525.99	.021	1728.25	10.80	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	42	138		72,586.50	525.99	.021	1728.25	10.80	
ANCILLARIES	42	0		213,665.00	.00	.000	5087.26	31.78	
INPATIENT CROSSOVERS	15	44		11,217.65	254.95	.007	747.84	1.67	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	789	3,966		115,951.24	29.24	.590	146.96	17.25	
MEDICAL	330	632		31,096.56	49.20	.094	94.23	4.63	
SURGERY	103	145		8,042.71	55.47	.022	78.08	1.20	
PATHOLOGY	427	1,633		19,736.63	12.09	.243	46.22	2.94	
RADIOLOGY	223	297		23,569.96	79.36	.044	105.69	3.51	
ROOM USE	276	437		22,075.04	50.51	.065	79.98	3.28	
CROSSOVERS/ALL OTH OUTPTNT	272	822		11,430.34	13.91	.122	42.02	1.70	
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TRINITY COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED								

	6,723 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	523	3,166	\$	1,033,822.24	\$ 326.54	.471	\$ 1976.72	\$ 153.77
COMM HOSP INPATIENT TOTAL	76	485		955,943.63	1971.02	.072	12578.21	142.19
HSC HOSPITALS	2	11		15,185.00	1380.45	.002	7592.50	2.26
NON-HSC HOSPITALS TOTAL	52	370		925,614.06	2501.66	.055	17800.27	137.68
ACCOMMODATIONS	51	370		173,423.05	468.71	.055	3400.45	25.80
ADMINISTRATIVE DAYS	0	0		34.60CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	51	370		173,457.65	468.80	.055	3401.13	25.80
ANCILLARIES	52	0		752,191.01	.00	.000	14465.21	111.88
INPATIENT CROSSOVERS	22	104		15,144.57	145.62	.015	688.39	2.25
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	466	2,681		77,878.61	29.05	.399	167.12	11.58
MEDICAL	116	176		7,901.11	44.89	.026	68.11	1.18
SURGERY	49	51		2,138.73	41.94	.008	43.65	.32
PATHOLOGY	166	807		9,771.89	12.11	.120	58.87	1.45
RADIOLOGY	129	253		19,005.25	75.12	.038	147.33	2.83
ROOM USE	188	266		13,073.08	49.15	.040	69.54	1.94
CROSSOVERS/ALL OTH OUTPTNT	260	1,128		25,988.55	23.04	.168	99.96	3.87
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	10	123	\$	21,926.07	\$ 178.26	.018	\$ 2192.61	\$ 3.26
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	1	31		3,748.83	120.93	.005	3748.83	.56
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	9	92		18,177.24	197.58	.014	2019.69	2.70
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	25	205	\$	26,570.73	\$ 129.61	.030	\$ 1062.83	\$ 3.95
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	25	205		26,570.73	129.61	.030	1062.83	3.95
@REHABILITATION FACILITY	6	23	\$	476.01	\$ 20.70	.003	\$ 79.34	\$ .07
HOSPITAL BASED	1	13		264.11	20.32	.002	264.11	.04
INDEPENDENT FACILITY	5	10		211.90	21.19	.001	42.38	.03
@LABORATORY FACILITY	418	2,040	\$	29,850.38	\$ 14.63	.303	\$ 71.41	\$ 4.44
PATHOLOGY	401	2,017		29,697.17	14.72	.300	74.06	4.42
XO AND OTHERS	17	23		153.21	6.66	.003	9.01	.02
@ORGANIZED OUTPATIENT CLINIC	1,318	2,197	\$	187,684.84	\$ 85.43	.327	\$ 142.40	\$ 27.92
CLINIC	10	23		497.06	21.61	.003	49.71	.07
SURGICENTER	12	49		4,463.83	91.10	.007	371.99	.66
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,300	2,125		182,723.95	85.99	.316	140.56	27.18

#CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

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6,723 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	853	42,165	\$ 214,379.75	\$ 5.08	6.272	\$ 251.32	\$ 31.89
DURABLE MED. EQUIP.	138	484	75,974.61	156.97	.072	550.54	11.30
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	25	35	4,579.64	130.85	.005	183.19	.68
MEDICAL TRANSPORTATION	169	3,942	73,225.80	18.58	.586	433.29	10.89
AMBULANCES/AIR TRANS	118	2,828	40,904.84	14.46	.421	346.65	6.08
OTHER TRANS	2	224	384.99	1.72	.033	192.50	.06
OTHER SERVICES	60	890	31,935.97	35.88	.132	532.27	4.75
ACUPUNCTURE	2	2	43.25	21.63	.000	21.63	.01
ADULT DAY HEALTH CARE CTR	13	104	6,957.27	66.90	.015	535.17	1.03
GENETIC DISEASE TESTING	4	4	320.00	80.00	.001	80.00	.05
IHMC,MODEL-NF,NF,AIDS,MSSP	4	59	6,464.26	109.56	.009	1616.07	.96
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	150	349	4,516.60	12.94	.052	30.11	.67
PHYSICAL THERAPIST	36	377	5,031.72	13.35	.056	139.77	.75
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	19	28	3,030.37	108.23	.004	159.49	.45
PROSTHETICS	11	17	2,677.67	157.51	.003	243.42	.40
ORTHOTICS	8	11	352.70	32.06	.002	44.09	.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	9	22	1,609.50	73.16	.003	178.83	.24
HOSPICE SERVICES	1	3	623.73	207.91	.000	623.73	.09
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	35	422	5,049.74	11.97	.063	144.28	.75
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	337	36,334		26,953.26		.74	5.404	79.98	4.01
@CALIF. CHILDREN SERVICES*	47	1,196	\$	91,934.26	\$	76.87	.178	\$ 1956.05	\$ 13.67
@XOVER EXCLUDING STATE HOSP**	785	8,039	\$	100,900.41	\$	12.55	1.196	\$ 128.54	\$ 15.01

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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TRINITY COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
7,266 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	3,555	23,296	\$ 1,000,320.99	\$ 42.94	3.206	\$ 281.38	\$ 137.67	
@PHYSICIANS SERVICES	1,034	2,042	\$ 96,472.97	\$ 47.24	.281	\$ 93.30	\$ 13.28	
OUTPATIENT VISITS	736	1,002	38,876.04	38.80	.138	52.82	5.35	
OFFICE VISITS	658	854	31,949.19	37.41	.118	48.56	4.40	
HOME VISITS	1	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	49	51	2,453.67	48.11	.007	50.07	.34	
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.01	
OB VISITS/COMPRE PERI	27	78	3,769.99	48.33	.011	139.63	.52	
OTHER OUTPATIENT	16	18	665.80	36.99	.002	41.61	.09	
INPATIENT VISITS	36	101	5,650.27	55.94	.014	156.95	.78	
HOSPITAL VISITS	36	95	4,978.70	52.41	.013	138.30	.69	
CRITICAL CARE	2	6	671.57	111.93	.001	335.79	.09	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	22	28	1,207.10	43.11	.004	54.87	.17	
EXAMINATIONS	22	28	1,207.10	43.11	.004	54.87	.17	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	37	132	17,616.99	133.46	.018	476.13	2.42	
PRINCIPAL SURGEON	26	30	13,994.76	466.49	.004	538.26	1.93	
ASSISTANT SURGEON	4	4	708.91	177.23	.001	177.23	.10	
ANESTHESIOLOGIST	11	98	2,913.32	29.73	.013	264.85	.40	

OUTPATIENT SURGERY	51	96		10,625.14	110.68	.013	208.34	1.46
PRINCIPAL SURGEON	48	55		9,732.50	176.95	.008	202.76	1.34
ASSISTANT SURGEON	1	1		93.08	93.08	.000	93.08	.01
ANESTHESIOLOGIST	6	40		799.56	19.99	.006	133.26	.11
DIALYSIS	1	1		54.12	54.12	.000	54.12	.01
PATHOLOGY	96	109		888.33	8.15	.015	9.25	.12
RADIOLOGY	279	378		13,405.93	35.47	.052	48.05	1.85
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	20	28		743.97	26.57	.004	37.20	.10
OTHER SERVICES/ALL X-OVERS	83	167		7,405.08	44.34	.023	89.22	1.02
@PHARMACY	1,849	4,562	\$	260,447.29	\$ 57.09	.628	\$ 140.86	\$ 35.84
PRESCRIPTION DRUGS	1,839	4,436		254,186.10	57.30	.611	138.22	34.98
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1,839	4,436		254,186.10	57.30	.611	138.22	34.98
MEDICAL SUPPLIES	41	126		6,261.19	49.69	.017	152.71	.86
@DENTIST	381	1,380	\$	51,571.05	\$ 37.37	.190	\$ 135.36	\$ 7.10
VISITS - DIAGNOSTIC	284	859		15,664.25	18.24	.118	55.16	2.16
ORAL SURGERY	41	105		5,185.00	49.38	.014	126.46	.71
DRUGS	2	4		45.00	11.25	.001	22.50	.01
ANESTHESIA	5	5		500.00	100.00	.001	100.00	.07
PERIODONTICS	5	5		710.00	142.00	.001	142.00	.10
ENDODONTICS	24	56		7,985.00	142.59	.008	332.71	1.10
RESTORATIVE DENTISTRY	126	301		18,694.80	62.11	.041	148.37	2.57
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	36		1,943.00	53.97	.005	277.57	.27
SPACE MAINTAINERS	2	4		444.00	111.00	.001	222.00	.06
MAXILLOFACIAL SERVICES	1	1		300.00	300.00	.000	300.00	.04
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2		100.00	50.00	.000	50.00	.01
ALL OTHER SERVICES	1	2		.00	.00	.000	.00	.00

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	7,266 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	130	376	\$	8,862.34	\$ 23.57	.052	\$ 68.17	\$ 1.22
DIAGNOSTIC AND ANC. PROCED	101	102		4,715.15	46.23	.014	46.68	.65
EYE APPLIANCES	97	272		4,069.99	14.96	.037	41.96	.56
OTHER OPTOMETRIC SERVICES	2	2		77.20	38.60	.000	38.60	.01
@CHIROPRACTOR	7	10	\$	167.20	\$ 16.72	.001	\$ 23.89	\$ .02
VISITS	7	10		167.20	16.72	.001	23.89	.02
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4	\$	209.98	\$ 52.50	.001	\$ 104.99	\$ .03
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	1	2	\$	144.24	\$ 72.12	.000	\$ 144.24	\$ .02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	1	2	\$	52.36	\$ 26.18	.000	\$ 52.36	\$ .01
@TOTAL HOSPITAL	1,013	4,118	\$	350,946.85	\$ 85.22	.567	\$ 346.44	\$ 48.30
HOSP INPATIENT TOTAL	41	131		229,949.39	1755.34	.018	5608.52	31.65
HSC HOSPITALS	5	23		34,817.00	1513.78	.003	6963.40	4.79

NON-HSC HOSPITAL TOTAL	36	108		195,132.39	1806.78	.015	5420.34	26.86
ACCOMMODATIONS	36	108		45,410.74	420.47	.015	1261.41	6.25
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	108		45,410.74	420.47	.015	1261.41	6.25
ANCILLARIES	36	0		149,721.65	.00	.000	4158.93	20.61
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	998	3,987		120,997.46	30.35	.549	121.24	16.65
MEDICAL	595	850		38,431.31	45.21	.117	64.59	5.29
SURGERY	127	170		8,755.49	51.50	.023	68.94	1.20
PATHOLOGY	412	1,354		15,716.66	11.61	.186	38.15	2.16
RADIOLOGY	237	290		17,459.13	60.20	.040	73.67	2.40
ROOM USE	487	640		28,287.59	44.20	.088	58.09	3.89
CROSSOVERS/ALL OTH OUTPTNT	313	683		12,347.28	18.08	.094	39.45	1.70
@COUNTY HOSPITAL TOTAL	808	2,963	\$	158,300.67	\$ 53.43	.408	\$ 195.92	\$ 21.79
CO HOSPITAL INPATIENT TOTAL	16	38		67,436.20	1774.64	.005	4214.76	9.28
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	16	38		67,436.20	1774.64	.005	4214.76	9.28
ACCOMMODATIONS	16	38		17,740.25	466.85	.005	1108.77	2.44
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	38		17,740.25	466.85	.005	1108.77	2.44
ANCILLARIES	16	0		49,695.95	.00	.000	3106.00	6.84
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	803	2,925		90,864.47	31.06	.403	113.16	12.51
MEDICAL	527	743		33,196.18	44.68	.102	62.99	4.57
SURGERY	99	141		7,416.37	52.60	.019	74.91	1.02
PATHOLOGY	319	957		10,951.94	11.44	.132	34.33	1.51
RADIOLOGY	188	226		11,016.53	48.75	.031	58.60	1.52
ROOM USE	350	423		19,706.10	46.59	.058	56.30	2.71
CROSSOVERS/ALL OTH OUTPTNT	236	435		8,577.35	19.72	.060	36.34	1.18
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7,266 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	242	1,155	\$ 192,646.18	\$ 166.79	.159	\$ 796.06	\$ 26.51	
COMM HOSP INPATIENT TOTAL	25	93	162,513.19	1747.45	.013	6500.53	22.37	
HSC HOSPITALS	5	23	34,817.00	1513.78	.003	6963.40	4.79	
NON-HSC HOSPITALS TOTAL	20	70	127,696.19	1824.23	.010	6384.81	17.57	
ACCOMMODATIONS	20	70	27,670.49	395.29	.010	1383.52	3.81	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	20	70	27,670.49	395.29	.010	1383.52	3.81	
ANCILLARIES	20	0	100,025.70	.00	.000	5001.29	13.77	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	225	1,062	30,132.99	28.37	.146	133.92	4.15	
MEDICAL	72	107	5,235.13	48.93	.015	72.71	.72	
SURGERY	29	29	1,339.12	46.18	.004	46.18	.18	
PATHOLOGY	103	397	4,764.72	12.00	.055	46.26	.66	
RADIOLOGY	49	64	6,442.60	100.67	.009	131.48	.89	
ROOM USE	144	217	8,581.49	39.55	.030	59.59	1.18	

CROSSTOVERS/ALL OTH OUTPTNT	83	248		3,769.93	15.20	.034	45.42	.52
@STATE HOSPITAL	0	0	\$	13,400.00	\$ .00	.000	\$ .00	\$ 1.84
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		13,400.00	.00	.000	.00	1.84
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	262	787	\$	18,792.20	\$ 23.88	.108	\$ 71.73	\$ 2.59
PATHOLOGY	262	787		18,792.20	23.88	.108	71.73	2.59
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	911	1,522	\$	158,129.56	\$ 103.90	.209	\$ 173.58	\$ 21.76
CLINIC	50	199		5,509.45	27.69	.027	110.19	.76
SURGICENTER	1	1		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	868	1,322		152,620.11	115.45	.182	175.83	21.00

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						----- MONTHLY AVERAGE -----		
7,266 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	364	8,491	\$ 41,124.95	\$ 4.84	1.169	\$ 112.98	\$ 5.66	
DURABLE MED. EQUIP.	6	7	384.63	54.95	.001	64.11	.05	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	2	4	210.18	52.55	.001	105.09	.03	
MEDICAL TRANSPORTATION	49	994	22,094.07	22.23	.137	450.90	3.04	
AMBULANCES/AIR TRANS	47	989	13,094.07	13.24	.136	278.60	1.80	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	5	5	9,000.00	1800.00	.001	1800.00	1.24	
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	14	14	1,067.00	76.21	.002	76.21	.15	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	1	8	152.24	19.03	.001	152.24	.02	
OPTICIAN	95	211	1,964.53	9.31	.029	20.68	.27	
PHYSICAL THERAPIST	8	104	1,432.18	13.77	.014	179.02	.20	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	10	18	2,134.64	118.59	.002	213.46	.29	
PROSTHETICS	6	15	2,040.34	136.02	.002	340.06	.28	
ORTHOTICS	4	3	94.30	31.43	.000	23.58	.01	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	8	17	809.21	47.60	.002	101.15	.11	

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	173	713		8,512.50	11.94	.098	49.21	1.17
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	6,400		2,336.74	.37	.881	179.75	.32
@CALIF. CHILDREN SERVICES*	12	52	\$	25,682.13	\$ 493.89	.007	\$ 2140.18	\$ 3.53
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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15,627 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	10,011	134,306	\$ 5,767,363.43	\$ 42.94	8.594	\$ 576.10	\$ 369.06
@PHYSICIANS SERVICES	3,084	9,550	\$ 378,450.22	\$ 39.63	.611	\$ 122.71	\$ 24.22
OUTPATIENT VISITS	1,619	2,437	91,393.77	37.50	.156	56.45	5.85
OFFICE VISITS	1,434	2,051	71,681.38	34.95	.131	49.99	4.59
HOME VISITS	1	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	173	206	11,504.02	55.84	.013	66.50	.74
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.00
OB VISITS/COMPRE PERI	43	130	6,084.10	46.80	.008	141.49	.39
OTHER OUTPATIENT	38	49	2,086.88	42.59	.003	54.92	.13
INPATIENT VISITS	153	557	29,394.54	52.77	.036	192.12	1.88
HOSPITAL VISITS	142	506	23,979.59	47.39	.032	168.87	1.53
CRITICAL CARE	17	43	5,169.95	120.23	.003	304.11	.33
SNF/ICF/TRANS IP CARE	5	8	245.00	30.63	.001	49.00	.02
OPHTHALMOLOGICAL SERVICES	54	63	2,821.57	44.79	.004	52.25	.18
EXAMINATIONS	54	62	2,786.28	44.94	.004	51.60	.18
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	84	413	50,232.05	121.63	.026	598.00	3.21
PRINCIPAL SURGEON	61	84	39,718.63	472.84	.005	651.13	2.54
ASSISTANT SURGEON	16	19	3,253.09	171.22	.001	203.32	.21
ANESTHESIOLOGIST	25	310	7,260.33	23.42	.020	290.41	.46
OUTPATIENT SURGERY	203	416	48,438.38	116.44	.027	238.61	3.10
PRINCIPAL SURGEON	187	257	44,345.36	172.55	.016	237.14	2.84
ASSISTANT SURGEON	3	3	329.50	109.83	.000	109.83	.02
ANESTHESIOLOGIST	27	156	3,763.52	24.13	.010	139.39	.24
DIALYSIS	11	59	5,362.76	90.89	.004	487.52	.34
PATHOLOGY	234	355	3,510.09	9.89	.023	15.00	.22
RADIOLOGY	784	1,307	60,087.24	45.97	.084	76.64	3.85
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	79	625	8,267.49	13.23	.040	104.65	.53
OTHER SERVICES/ALL X-OVERS	1,140	3,318	78,942.33	23.79	.212	69.25	5.05
@PHARMACY	7,343	38,129	\$ 2,342,236.95	\$ 61.43	2.440	\$ 318.98	\$ 149.88
PRESCRIPTION DRUGS	7,288	29,379	2,270,896.25	77.30	1.880	311.59	145.32
SNF/ICF	53	407	29,882.60	73.42	.026	563.82	1.91
OUTPATIENTS	7,239	28,972	2,241,013.65	77.35	1.854	309.58	143.41
MEDICAL SUPPLIES	413	8,750	71,340.70	8.15	.560	172.74	4.57
@DENTIST	840	2,984	\$ 143,619.85	\$ 48.13	.191	\$ 170.98	\$ 9.19
VISITS - DIAGNOSTIC	568	1,711	28,685.25	16.77	.109	50.50	1.84
ORAL SURGERY	122	340	16,356.00	48.11	.022	134.07	1.05

DRUGS	5	10	118.00	11.80	.001	23.60	.01
ANESTHESIA	14	14	1,400.00	100.00	.001	100.00	.09
PERIODONTICS	18	19	3,310.00	174.21	.001	183.89	.21
ENDODONTICS	49	92	16,209.00	176.18	.006	330.80	1.04
RESTORATIVE DENTISTRY	256	577	47,079.80	81.59	.037	183.91	3.01
PROSTHETICS	4	6	120.00	20.00	.000	30.00	.01
DENTURES, STAYPLATES	83	204	29,400.00	144.12	.013	354.22	1.88
SPACE MAINTAINERS	2	4	444.00	111.00	.000	222.00	.03
MAXILLOFACIAL SERVICES	1	1	300.00	300.00	.000	300.00	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	100.00	50.00	.000	50.00	.01
ALL OTHER SERVICES	3	4	97.80	24.45	.000	32.60	.01

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TRINITY COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

15,627 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	314	915 \$	21,712.09	\$ 23.73	.059	\$ 69.15	\$ 1.39
DIAGNOSTIC AND ANC. PROCED	223	223	10,200.05	45.74	.014	45.74	.65
EYE APPLIANCES	239	670	10,999.17	16.42	.043	46.02	.70
OTHER OPTOMETRIC SERVICES	16	22	512.87	23.31	.001	32.05	.03
@CHIROPRACTOR	36	53 \$	886.16	\$ 16.72	.003	\$ 24.62	\$ .06
VISITS	35	49	819.28	16.72	.003	23.41	.05
OTHER SERVICES	1	4	66.88	16.72	.000	66.88	.00
@PODIATRIST	17	22 \$	762.72	\$ 34.67	.001	\$ 44.87	\$ .05
MEDICINE/INJECTIONS	8	8	239.60	29.95	.001	29.95	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	14	523.12	37.37	.001	47.56	.03
@HOME HEALTH AGENCY	29	220 \$	14,707.04	\$ 66.85	.014	\$ 507.14	\$ .94
NURSE ANESTHESIST	3	23 \$	357.71	\$ 15.55	.001	\$ 119.24	\$ .02

NURSE MIDWIFE	1	2	\$	144.24	\$	72.12	.000	\$	144.24	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	6	8	\$	209.96	\$	26.25	.001	\$	34.99	\$	.01
@TOTAL HOSPITAL	2,374	12,065	\$	1,835,766.36	\$	152.16	.772	\$	773.28	\$	117.47
HOSP INPATIENT TOTAL	201	941		1,509,291.32		1603.92	.060		7508.91		96.58
HSC HOSPITALS	7	34		50,002.00		1470.65	.002		7143.14		3.20
NON-HSC HOSPITAL TOTAL	125	619		1,413,833.87		2284.06	.040		11310.67		90.47
ACCOMMODATIONS	124	619		293,107.79		473.52	.040		2363.77		18.76
ADMINISTRATIVE DAYS	0	0		34.60CR		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	124	619		293,142.39		473.57	.040		2364.05		18.76
ANCILLARIES	125	0		1,120,726.08		.00	.000		8965.81		71.72
INPATIENT CROSSOVERS	69	288		45,455.45		157.83	.018		658.77		2.91
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,255	11,124		326,475.04		29.35	.712		144.78		20.89
MEDICAL	1,035	1,686		78,858.08		46.77	.108		76.19		5.05
SURGERY	279	367		19,042.35		51.89	.023		68.25		1.22
PATHOLOGY	999	3,843		45,717.09		11.90	.246		45.76		2.93
RADIOLOGY	582	845		60,195.69		71.24	.054		103.43		3.85
ROOM USE	931	1,374		64,473.15		46.92	.088		69.25		4.13
CROSSOVERS/ALL OTH OUTPTNT	887	3,009		58,188.68		19.34	.193		65.60		3.72
@COUNTY HOSPITAL TOTAL	1,680	7,370	\$	590,413.88	\$	80.11	.472	\$	351.44	\$	37.78
CO HOSPITAL INPATIENT TOTAL	84	289		379,072.68		1311.67	.018		4512.77		24.26
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	59	179		360,523.62		2014.10	.011		6110.57		23.07
ACCOMMODATIONS	59	179		92,014.25		514.05	.011		1559.56		5.89
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	59	179		92,014.25		514.05	.011		1559.56		5.89
ANCILLARIES	59	0		268,509.37		.00	.000		4551.01		17.18
INPATIENT CROSSOVERS	25	110		18,549.06		168.63	.007		741.96		1.19
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1,636	7,081		211,341.20		29.85	.453		129.18		13.52
MEDICAL	870	1,393		65,376.80		46.93	.089		75.15		4.18
SURGERY	203	287		15,564.50		54.23	.018		76.67		1.00
PATHOLOGY	755	2,634		31,110.73		11.81	.169		41.21		1.99
RADIOLOGY	415	527		34,719.15		65.88	.034		83.66		2.22
ROOM USE	632	867		42,170.48		48.64	.055		66.73		2.70
CROSSOVERS/ALL OTH OUTPTNT	543	1,373		22,399.54		16.31	.088		41.25		1.43
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TRINITY COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE										

	15,627 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	827	4,695	\$	1,245,352.48	\$ 265.25	.300	\$ 1505.87	\$ 79.69
COMM HOSP INPATIENT TOTAL	123	652		1,130,218.64	1733.46	.042	9188.77	72.32
HSC HOSPITALS	7	34		50,002.00	1470.65	.002	7143.14	3.20
NON-HSC HOSPITALS TOTAL	72	440		1,053,310.25	2393.89	.028	14629.31	67.40
ACCOMMODATIONS	71	440		201,093.54	457.03	.028	2832.30	12.87
ADMINISTRATIVE DAYS	0	0		34.60CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	71	440		201,128.14	457.11	.028	2832.79	12.87
ANCILLARIES	72	0		852,216.71	.00	.000	11836.34	54.53
INPATIENT CROSSOVERS	44	178		26,906.39	151.16	.011	611.51	1.72
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	732	4,043		115,133.84	28.48	.259	157.29	7.37
MEDICAL	193	293		13,481.28	46.01	.019	69.85	.86
SURGERY	78	80		3,477.85	43.47	.005	44.59	.22
PATHOLOGY	271	1,209		14,606.36	12.08	.077	53.90	.93
RADIOLOGY	179	318		25,476.54	80.11	.020	142.33	1.63
ROOM USE	341	507		22,302.67	43.99	.032	65.40	1.43
CROSSOVERS/ALL OTH OUTPTNT	375	1,636		35,789.14	21.88	.105	95.44	2.29
@STATE HOSPITAL	0	0	\$	13,400.00	\$ .00	.000	\$ .00	\$ .86
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		13,400.00	.00	.000	.00	.86
@NURSING FACILITY	63	1,163	\$	274,493.42	\$ 236.02	.074	\$ 4357.04	\$ 17.57
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	31		3,748.83	120.93	.002	3748.83	.24
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	62	1,132		270,744.59	239.17	.072	4366.85	17.33
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	25	205	\$	26,570.73	\$ 129.61	.013	\$ 1062.83	\$ 1.70
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	25	205		26,570.73	129.61	.013	1062.83	1.70
@REHABILITATION FACILITY	7	25	\$	518.39	\$ 20.74	.002	\$ 74.06	\$ .03
HOSPITAL BASED	1	13		264.11	20.32	.001	264.11	.02
INDEPENDENT FACILITY	6	12		254.28	21.19	.001	42.38	.02
@LABORATORY FACILITY	702	2,878	\$	49,298.43	\$ 17.13	.184	\$ 70.23	\$ 3.15
PATHOLOGY	672	2,832		49,034.70	17.31	.181	72.97	3.14
XO AND OTHERS	30	46		263.73	5.73	.003	8.79	.02
@ORGANIZED OUTPATIENT CLINIC	2,384	3,962	\$	358,604.48	\$ 90.51	.254	\$ 150.42	\$ 22.95
CLINIC	62	226		6,064.46	26.83	.014	97.81	.39
SURGICENTER	18	57		6,052.39	106.18	.004	336.24	.39
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,316	3,679		346,487.63	94.18	.235	149.61	22.17

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					----- MONTHLY AVERAGE -----			
15,627 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,555	62,102	\$ 305,624.68	\$ 4.92	3.974	\$ 196.54	\$ 19.56	
DURABLE MED. EQUIP.	160	588	93,137.79	158.40	.038	582.11	5.96	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	46	72	9,594.82	133.26	.005	208.58	.61	
MEDICAL TRANSPORTATION	273	6,154	102,459.52	16.65	.394	375.31	6.56	
AMBULANCES/AIR TRANS	170	3,923	55,006.49	14.02	.251	323.57	3.52	
OTHER TRANS	13	439	1,956.25	4.46	.028	150.48	.13	
OTHER SERVICES	107	1,792	45,496.78	25.39	.115	425.20	2.91	
ACUPUNCTURE	3	3	70.28	23.43	.000	23.43	.00	
ADULT DAY HEALTH CARE CTR	13	104	6,957.27	66.90	.007	535.17	.45	
GENETIC DISEASE TESTING	18	18	1,387.00	77.06	.001	77.06	.09	
IHMC,MODEL-NF,NF,AIDS,MSSP	4	59	6,464.26	109.56	.004	1616.07	.41	
OCCUPATIONAL THERAPIST	1	8	152.24	19.03	.001	152.24	.01	
OPTICIAN	267	607	7,053.34	11.62	.039	26.42	.45	
PHYSICAL THERAPIST	50	506	6,814.83	13.47	.032	136.30	.44	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	32	52	5,429.91	104.42	.003	169.68	.35
PROSTHETICS	20	38	4,982.91	131.13	.002	249.15	.32
ORTHOTICS	12	14	447.00	31.93	.001	37.25	.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	21	47	2,683.68	57.10	.003	127.79	.17
HOSPICE SERVICES	1	3	623.73	207.91	.000	623.73	.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	211	1,253	15,038.92	12.00	.080	71.27	.96
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	599	52,628	47,757.09	.91	3.368	79.73	3.06
@CALIF. CHILDREN SERVICES*	70	1,302	\$ 127,281.42	\$ 97.76	.083	\$ 1818.31	\$ 8.14
@XOVER EXCLUDING STATE HOSP**	1,327	11,116	\$ 196,154.44	\$ 17.65	.711	\$ 147.82	\$ 12.55

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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849 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	670	4,204	\$ 240,255.65	\$ 57.15	4.952	\$ 358.59	\$ 282.99
@PHYSICIANS SERVICES	138	370	\$ 5,104.70	\$ 13.80	.436	\$ 36.99	\$ 6.01
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	138	370	5,104.70	13.80	.436	36.99	6.01
@PHARMACY	584	2,345	\$ 161,897.05	\$ 69.04	2.762	\$ 277.22	\$ 190.69
PRESCRIPTION DRUGS	579	2,246	157,431.30	70.09	2.645	271.90	185.43

SNF/ICF	4	86		3,894.86		45.29	.101	973.72	4.59
OUTPATIENTS	575	2,160		153,536.44		71.08	2.544	267.02	180.84
MEDICAL SUPPLIES	24	99		4,465.75		45.11	.117	186.07	5.26
@DENTIST	25	80	\$	4,222.75	\$	52.78	.094	\$ 168.91	\$ 4.97
VISITS - DIAGNOSTIC	16	35		662.00		18.91	.041	41.38	.78
ORAL SURGERY	4	23		555.00		24.13	.027	138.75	.65
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	11		1,182.00		107.45	.013	197.00	1.39
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	8	11		1,823.75		165.80	.013	227.97	2.15
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
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849 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	15	42	\$ 862.97	\$ 20.55	.049	\$ 57.53	\$ 1.02
DIAGNOSTIC AND ANC. PROCED	5	5	237.25	47.45	.006	47.45	.28
EYE APPLIANCES	13	35	607.45	17.36	.041	46.73	.72
OTHER OPTOMETRIC SERVICES	1	2	18.27	9.14	.002	18.27	.02
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	7	\$ 152.91	\$ 21.84	.008	\$ 38.23	\$ .18
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	7	152.91	21.84	.008	38.23	.18
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	53	324	\$ 15,367.72	\$ 47.43	.382	\$ 289.96	\$ 18.10
HOSP INPATIENT TOTAL	12	53	7,607.25	143.53	.062	633.94	8.96
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12	53	7,607.25	143.53	.062	633.94	8.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	43	271	7,760.47	28.64	.319	180.48	9.14
MEDICAL	2	2	149.35	74.68	.002	74.68	.18
SURGERY	1	1	.00	.00	.001	.00	.00
PATHOLOGY	2	27	181.92	6.74	.032	90.96	.21

RADIOLOGY	1	2	278.83	139.42	.002	278.83	.33
ROOM USE	2	4	49.47	12.37	.005	24.74	.06
CROSSOVERS/ALL OTH OUTPTNT	43	235	7,100.90	30.22	.277	165.14	8.36
@COUNTY HOSPITAL TOTAL	17	86	\$ 3,780.79	\$ 43.96	.101	\$ 222.40	\$ 4.45
CO HOSPITAL INPATIENT TOTAL	4	12	2,230.25	185.85	.014	557.56	2.63
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	12	2,230.25	185.85	.014	557.56	2.63
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	74	1,550.54	20.95	.087	119.27	1.83
MEDICAL	1	1	149.35	149.35	.001	149.35	.18
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	23	181.92	7.91	.027	181.92	.21
RADIOLOGY	1	2	278.83	139.42	.002	278.83	.33
ROOM USE	1	1	49.47	49.47	.001	49.47	.06
CROSSOVERS/ALL OTH OUTPTNT	13	47	890.97	18.96	.055	68.54	1.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 15,903
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TRINITY COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED						AID CODE 14 1H 1U

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
849 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	36	238	\$ 11,586.93	\$ 48.68	.280	\$ 321.86	\$ 13.65
COMM HOSP INPATIENT TOTAL	8	41	5,377.00	131.15	.048	672.13	6.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	41	5,377.00	131.15	.048	672.13	6.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	30	197	6,209.93	31.52	.232	207.00	7.31
MEDICAL	1	1	.00	.00	.001	.00	.00
SURGERY	1	1	.00	.00	.001	.00	.00
PATHOLOGY	1	4	.00	.00	.005	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	.00	.00	.004	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	30	188	6,209.93	33.03	.221	207.00	7.31
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	152	\$ 30,956.91	\$ 203.66	.179	\$ 6191.38	\$ 36.46
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	152	30,956.91	203.66	.179	6191.38	36.46
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	5	\$ 79.09	\$ 15.82	.006	\$ 15.82	\$ .09
PATHOLOGY	1	1	60.25	60.25	.001	60.25	.07
XO AND OTHERS	4	4	18.84	4.71	.005	4.71	.02
@ORGANIZED OUTPATIENT CLINIC	105	180	\$ 10,456.57	\$ 58.09	.212	\$ 99.59	\$ 12.32
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	2	2	393.64	196.82	.002	196.82	.46
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	103	178	10,062.93	56.53	.210	97.70	11.85

#CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

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849 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	134	699	\$ 11,154.98	\$ 15.96	.823	\$ 83.25	\$ 13.14
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	7	2,317.65	331.09	.008	463.53	2.73
MEDICAL TRANSPORTATION	17	323	1,683.62	5.21	.380	99.04	1.98
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	48	454.80	9.48	.057	454.80	.54
OTHER SERVICES	16	275	1,228.82	4.47	.324	76.80	1.45
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	40	482.62	12.07	.047	28.39	.57
PHYSICAL THERAPIST	2	5	26.09	5.22	.006	13.05	.03
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	7	170.60	24.37	.008	56.87	.20
PROSTHETICS	3	7	170.60	24.37	.008	56.87	.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	97	317	6,474.40	20.42	.373	66.75	7.63
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	248	1,253	\$ 28,267.38	\$ 22.56	1.476	\$ 113.98	\$ 33.29

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,905  
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TRINITY COUNTY      SUMMARY OF SERVICES FOR    MN - NO SOC - BLIND

AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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TRINITY COUNTY

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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TRINITY COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - BLIND      AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,908  
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TRINITY COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - BLIND      AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,909
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

648 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	526	9,342	\$ 373,442.09	\$ 39.97	14.417	\$ 709.97	\$ 576.30	
@PHYSICIANS SERVICES	142	805	\$ 18,502.88	\$ 22.98	1.242	\$ 130.30	\$ 28.55	
OUTPATIENT VISITS	35	72	2,325.69	32.30	.111	66.45	3.59	
OFFICE VISITS	32	63	1,987.21	31.54	.097	62.10	3.07	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1	108.08	108.08	.002	108.08	.17	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	7	8	230.40	28.80	.012	32.91	.36	
INPATIENT VISITS	5	15	660.70	44.05	.023	132.14	1.02	
HOSPITAL VISITS	5	15	660.70	44.05	.023	132.14	1.02	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	5	19	3,159.11	166.27	.029	631.82	4.88	
PRINCIPAL SURGEON	4	5	2,596.04	519.21	.008	649.01	4.01	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	14	563.07	40.22	.022	281.54	.87	

OUTPATIENT SURGERY	7	19		1,407.92		74.10	.029	201.13	2.17
PRINCIPAL SURGEON	5	8		1,139.90		142.49	.012	227.98	1.76
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	2	11		268.02		24.37	.017	134.01	.41
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	18	32		1,360.48		42.52	.049	75.58	2.10
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		5.55		5.55	.002	5.55	.01
OTHER SERVICES/ALL X-OVERS	101	647		9,583.43		14.81	.998	94.89	14.79
@PHARMACY	443	4,369	\$	254,658.14	\$	58.29	6.742	\$ 574.85	\$ 392.99
PRESCRIPTION DRUGS	438	2,335		244,148.90		104.56	3.603	557.42	376.77
SNF/ICF	10	66		3,074.54		46.58	.102	307.45	4.74
OUTPATIENTS	430	2,269		241,074.36		106.25	3.502	560.64	372.03
MEDICAL SUPPLIES	52	2,034		10,509.24		5.17	3.139	202.10	16.22
@DENTIST	54	200	\$	11,954.00	\$	59.77	.309	\$ 221.37	\$ 18.45
VISITS - DIAGNOSTIC	32	78		1,586.00		20.33	.120	49.56	2.45
ORAL SURGERY	14	56		2,524.00		45.07	.086	180.29	3.90
DRUGS	1	3		45.00		15.00	.005	45.00	.07
ANESTHESIA	1	1		100.00		100.00	.002	100.00	.15
PERIODONTICS	1	1		200.00		200.00	.002	200.00	.31
ENDODONTICS	2	5		1,190.00		238.00	.008	595.00	1.84
RESTORATIVE DENTISTRY	13	28		2,439.00		87.11	.043	187.62	3.76
PROSTHETICS	1	1		30.00		30.00	.002	30.00	.05
DENTURES, STAYPLATES	8	27		3,840.00		142.22	.042	480.00	5.93
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 15,910
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								
							----- MONTHLY AVERAGE -----		
648 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	17	52	\$	1,105.90	\$ 21.27	.080	\$ 65.05	\$ 1.71	
DIAGNOSTIC AND ANC. PROCED	8	8		379.60	47.45	.012	47.45	.59	
EYE APPLIANCES	16	44		726.30	16.51	.068	45.39	1.12	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	2	2	\$	33.84	\$ 16.92	.003	\$ 16.92	\$ .05	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	2	2		33.84	16.92	.003	16.92	.05	
@HOME HEALTH AGENCY	3	30	\$	2,081.73	\$ 69.39	.046	\$ 693.91	\$ 3.21	
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
@TOTAL HOSPITAL	84	739	\$	44,572.18	\$ 60.31	1.140	\$ 530.62	\$ 68.78	
HOSP INPATIENT TOTAL	15	93		35,123.04	377.67	.144	2341.54	54.20	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	4	7	28,124.80	4017.83	.011	7031.20	43.40
ACCOMMODATIONS	3	7	4,087.00	583.86	.011	1362.33	6.31
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	7	4,087.00	583.86	.011	1362.33	6.31
ANCILLARIES	4	0	24,037.80	.00	.000	6009.45	37.10
INPATIENT CROSSOVERS	11	86	6,998.24	81.37	.133	636.20	10.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	74	646	9,449.14	14.63	.997	127.69	14.58
MEDICAL	9	18	699.29	38.85	.028	77.70	1.08
SURGERY	5	7	473.56	67.65	.011	94.71	.73
PATHOLOGY	21	355	2,795.96	7.88	.548	133.14	4.31
RADIOLOGY	8	12	1,184.44	98.70	.019	148.06	1.83
ROOM USE	16	33	1,726.44	52.32	.051	107.90	2.66
CROSSOVERS/ALL OTH OUTPTNT	57	221	2,569.45	11.63	.341	45.08	3.97
@COUNTY HOSPITAL TOTAL	48	504	\$ 17,700.54	\$ 35.12	.778	\$ 368.76	\$ 27.32
CO HOSPITAL INPATIENT TOTAL	5	13	10,580.93	813.92	.020	2116.19	16.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	2	8,164.93	4082.47	.003	4082.47	12.60
ACCOMMODATIONS	1	2	1,065.00	532.50	.003	1065.00	1.64
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,065.00	532.50	.003	1065.00	1.64
ANCILLARIES	2	0	7,099.93	.00	.000	3549.97	10.96
INPATIENT CROSSOVERS	3	11	2,416.00	219.64	.017	805.33	3.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	45	491	7,119.61	14.50	.758	158.21	10.99
MEDICAL	5	7	468.14	66.88	.011	93.63	.72
SURGERY	3	5	305.65	61.13	.008	101.88	.47
PATHOLOGY	21	345	2,689.85	7.80	.532	128.09	4.15
RADIOLOGY	6	9	893.40	99.27	.014	148.90	1.38
ROOM USE	11	23	1,288.29	56.01	.035	117.12	1.99
CROSSOVERS/ALL OTH OUTPTNT	28	102	1,474.28	14.45	.157	52.65	2.28

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,911  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED      64 6G 6H 6U 6V 6X 8G

648 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	43	235	\$ 26,871.64	\$ 114.35	.363	\$ 624.92	\$ 41.47
COMM HOSP INPATIENT TOTAL	10	80	24,542.11	306.78	.123	2454.21	37.87
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	5	19,959.87	3991.97	.008	9979.94	30.80
ACCOMMODATIONS	2	5	3,022.00	604.40	.008	1511.00	4.66
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	3,022.00	604.40	.008	1511.00	4.66
ANCILLARIES	2	0	16,937.87	.00	.000	8468.94	26.14
INPATIENT CROSSOVERS	8	75	4,582.24	61.10	.116	572.78	7.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	36	155	2,329.53	15.03	.239	64.71	3.59
MEDICAL	4	11	231.15	21.01	.017	57.79	.36
SURGERY	2	2	167.91	83.96	.003	83.96	.26
PATHOLOGY	1	10	106.11	10.61	.015	106.11	.16
RADIOLOGY	3	3	291.04	97.01	.005	97.01	.45
ROOM USE	8	10	438.15	43.82	.015	54.77	.68

CROSSOVERS/ALL OTH OUTPTNT	29	119		1,095.17	9.20	.184	37.76	1.69	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	2	43	\$	5,218.36	\$ 121.36	.066	\$ 2609.18	\$ 8.05	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	2	43		5,218.36	121.36	.066	2609.18	8.05	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	4	5	\$	3,425.63	\$ 685.13	.008	\$ 856.41	\$ 5.29	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	4	5		3,425.63	685.13	.008	856.41	5.29	
@REHABILITATION FACILITY	2	4	\$	84.76	\$ 21.19	.006	\$ 42.38	\$ .13	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	2	4		84.76	21.19	.006	42.38	.13	
@LABORATORY FACILITY	20	92	\$	1,959.13	\$ 21.29	.142	\$ 97.96	\$ 3.02	
PATHOLOGY	18	88		1,948.30	22.14	.136	108.24	3.01	
XO AND OTHERS	2	4		10.83	2.71	.006	5.42	.02	
@ORGANIZED OUTPATIENT CLINIC	111	203	\$	10,917.12	\$ 53.78	.313	\$ 98.35	\$ 16.85	
CLINIC	1	1		10.00	10.00	.002	10.00	.02	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	110	202		10,907.12	54.00	.312	99.16	16.83	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 15,912
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

648 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	82	2,798	\$ 18,928.42	\$ 6.76	4.318	\$ 230.83	\$ 29.21
DURABLE MED. EQUIP.	9	22	9,319.53	423.62	.034	1035.50	14.38
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	466	1,728.44	3.71	.719	172.84	2.67
AMBULANCES/AIR TRANS	1	76	384.45	5.06	.117	384.45	.59
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	9	390	1,343.99	3.45	.602	149.33	2.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	17	40	414.53	10.36	.062	24.38	.64
PHYSICAL THERAPIST	6	25	292.75	11.71	.039	48.79	.45
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	751.02	250.34	.005	375.51	1.16
PROSTHETICS	2	3	751.02	250.34	.005	375.51	1.16
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	3.34	1.67	.003	3.34	.01

HOSPICE SERVICES	0	0	80.29	.00	.000	.00	.12
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	85	1,001.66	11.78	.131	333.89	1.55
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	47	2,155	5,336.86	2.48	3.326	113.55	8.24
@CALIF. CHILDREN SERVICES*	7	29	\$ 7,714.97	\$ 266.03	.045	\$ 1102.14	\$ 11.91
@XOVER EXCLUDING STATE HOSP**	158	1,894	\$ 31,437.54	\$ 16.60	2.923	\$ 198.97	\$ 48.51

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,913
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J	

	8,535 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,209	24,929	\$	1,485,631.91	\$ 59.59	2.921	\$ 352.97	\$ 174.06
@PHYSICIANS SERVICES	1,333	3,945	\$	165,334.39	\$ 41.91	.462	\$ 124.03	\$ 19.37
OUTPATIENT VISITS	909	1,285		47,945.93	37.31	.151	52.75	5.62
OFFICE VISITS	826	1,075		37,960.42	35.31	.126	45.96	4.45
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	56	62		2,884.07	46.52	.007	51.50	.34
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	46	133		6,598.72	49.61	.016	143.45	.77
OTHER OUTPATIENT	12	15		502.72	33.51	.002	41.89	.06
INPATIENT VISITS	65	322		19,148.17	59.47	.038	294.59	2.24
HOSPITAL VISITS	62	244		11,549.23	47.33	.029	186.28	1.35
CRITICAL CARE	7	51		6,739.86	132.15	.006	962.84	.79
SNF/ICF/TRANS IP CARE	6	27		859.08	31.82	.003	143.18	.10
OPHTHALMOLOGICAL SERVICES	10	12		465.99	38.83	.001	46.60	.05

EXAMINATIONS	10	12		465.99	38.83	.001	46.60	.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	62	378		25,682.87	67.94	.044	414.24	3.01
PRINCIPAL SURGEON	45	50		21,411.79	428.24	.006	475.82	2.51
ASSISTANT SURGEON	6	6		990.10	165.02	.001	165.02	.12
ANESTHESIOLOGIST	16	322		3,280.98	10.19	.038	205.06	.38
OUTPATIENT SURGERY	122	343		28,723.56	83.74	.040	235.44	3.37
PRINCIPAL SURGEON	108	154		24,768.25	160.83	.018	229.34	2.90
ASSISTANT SURGEON	2	2		109.41	54.71	.000	54.71	.01
ANESTHESIOLOGIST	27	187		3,845.90	20.57	.022	142.44	.45
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	115	159		1,835.96	11.55	.019	15.96	.22
RADIOLOGY	402	657		26,089.60	39.71	.077	64.90	3.06
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	43	91		713.33	7.84	.011	16.59	.08
OTHER SERVICES/ALL X-OVERS	145	698		14,728.98	21.10	.082	101.58	1.73
@PHARMACY	2,248	5,499	\$	333,867.27	\$ 60.71	.644	\$ 148.52	\$ 39.12
PRESCRIPTION DRUGS	2,238	5,390		325,671.11	60.42	.632	145.52	38.16
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	2,238	5,390		325,671.11	60.42	.632	145.52	38.16
MEDICAL SUPPLIES	50	109		8,196.16	75.19	.013	163.92	.96
@DENTIST	531	1,947	\$	87,111.00	\$ 44.74	.228	\$ 164.05	\$ 10.21
VISITS - DIAGNOSTIC	370	1,088		19,502.00	17.92	.127	52.71	2.28
ORAL SURGERY	79	196		12,233.00	62.41	.023	154.85	1.43
DRUGS	7	15		210.00	14.00	.002	30.00	.02
ANESTHESIA	13	13		1,300.00	100.00	.002	100.00	.15
PERIODONTICS	15	15		2,840.00	189.33	.002	189.33	.33
ENDODONTICS	32	52		9,822.00	188.88	.006	306.94	1.15
RESTORATIVE DENTISTRY	208	519		35,045.00	67.52	.061	168.49	4.11
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	17	44		5,538.00	125.86	.005	325.76	.65
SPACE MAINTAINERS	4	4		621.00	155.25	.000	155.25	.07
MAXILLOFACIAL SERVICES	1	1		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 15,914
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J							

	8,535 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	126	366	\$	8,333.52	\$ 22.77	.043	\$ 66.14	\$ .98
DIAGNOSTIC AND ANC. PROCED	95	96		4,288.96	44.68	.011	45.15	.50
EYE APPLIANCES	99	270		4,044.56	14.98	.032	40.85	.47
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	6	6	\$	100.32	\$ 16.72	.001	\$ 16.72	\$ .01
VISITS	6	6		100.32	16.72	.001	16.72	.01
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	3	5	\$	192.02	\$ 38.40	.001	\$ 64.01	\$ .02
MEDICINE/INJECTIONS	2	2		54.78	27.39	.000	27.39	.01
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1		17.30	17.30	.000	17.30	.00
OTHER	1	2		119.94	59.97	.000	119.94	.01
@HOME HEALTH AGENCY	12	28	\$	1,596.34	\$ 57.01	.003	\$ 133.03	\$ .19
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

NURSE MIDWIFE	1	1	\$	49.30	\$	49.30	.000	\$	49.30	\$	.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1,244	4,996	\$	563,627.40	\$	112.82	.585	\$	453.08	\$	66.04
HOSP INPATIENT TOTAL	61	245		404,482.99		1650.95	.029		6630.87		47.39
HSC HOSPITALS	1	9		10,017.00		1113.00	.001		10017.00		1.17
NON-HSC HOSPITAL TOTAL	60	236		394,465.99		1671.47	.028		6574.43		46.22
ACCOMMODATIONS	59	236		97,776.29		414.31	.028		1657.23		11.46
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	59	236		97,776.29		414.31	.028		1657.23		11.46
ANCILLARIES	60	0		296,689.70		.00	.000		4944.83		34.76
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,216	4,751		159,144.41		33.50	.557		130.88		18.65
MEDICAL	659	942		38,293.06		40.65	.110		58.11		4.49
SURGERY	151	207		10,802.30		52.19	.024		71.54		1.27
PATHOLOGY	478	1,485		16,966.79		11.43	.174		35.50		1.99
RADIOLOGY	317	427		29,310.05		68.64	.050		92.46		3.43
ROOM USE	480	686		32,491.86		47.36	.080		67.69		3.81
CROSSOVERS/ALL OTH OUTPTNT	348	1,004		31,280.35		31.16	.118		89.89		3.66
@COUNTY HOSPITAL TOTAL	965	3,329	\$	200,008.18	\$	60.08	.390	\$	207.26	\$	23.43
CO HOSPITAL INPATIENT TOTAL	23	52		102,056.65		1962.63	.006		4437.25		11.96
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	23	52		102,056.65		1962.63	.006		4437.25		11.96
ACCOMMODATIONS	23	52		24,107.25		463.60	.006		1048.14		2.82
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	52		24,107.25		463.60	.006		1048.14		2.82
ANCILLARIES	23	0		77,949.40		.00	.000		3389.10		9.13
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	955	3,277		97,951.53		29.89	.384		102.57		11.48
MEDICAL	602	848		33,692.36		39.73	.099		55.97		3.95
SURGERY	111	155		7,857.85		50.70	.018		70.79		.92
PATHOLOGY	386	1,107		12,507.62		11.30	.130		32.40		1.47
RADIOLOGY	224	293		17,733.77		60.52	.034		79.17		2.08
ROOM USE	324	395		18,377.43		46.53	.046		56.72		2.15
CROSSOVERS/ALL OTH OUTPTNT	226	479		7,782.50		16.25	.056		34.44		.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 15,915
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J										

	8,535 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	324	1,667	\$	363,619.22	\$ 218.13	.195	\$ 1122.28	\$ 42.60
COMM HOSP INPATIENT TOTAL	38	193		302,426.34	1566.98	.023	7958.59	35.43
HSC HOSPITALS	1	9		10,017.00	1113.00	.001	10017.00	1.17
NON-HSC HOSPITALS TOTAL	37	184		292,409.34	1589.18	.022	7902.96	34.26
ACCOMMODATIONS	36	184		73,669.04	400.38	.022	2046.36	8.63
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	184		73,669.04	400.38	.022	2046.36	8.63
ANCILLARIES	37	0		218,740.30	.00	.000	5911.90	25.63
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	298	1,474		61,192.88	41.51	.173	205.35	7.17
MEDICAL	65	94		4,600.70	48.94	.011	70.78	.54
SURGERY	42	52		2,944.45	56.62	.006	70.11	.34
PATHOLOGY	105	378		4,459.17	11.80	.044	42.47	.52
RADIOLOGY	97	134		11,576.28	86.39	.016	119.34	1.36
ROOM USE	167	291		14,114.43	48.50	.034	84.52	1.65
CROSSOVERS/ALL OTH OUTPTNT	130	525		23,497.85	44.76	.062	180.75	2.75
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	5	197	\$	109,178.43	\$ 554.21	.023	\$ 21835.69	\$ 12.79
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	197		108,935.90	552.97	.023	21787.18	12.76
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		242.53	.00	.000	.00	.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	370	1,134	\$	26,324.47	\$ 23.21	.133	\$ 71.15	\$ 3.08
PATHOLOGY	370	1,134		26,324.47	23.21	.133	71.15	3.08
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	918	1,633	\$	147,012.71	\$ 90.03	.191	\$ 160.14	\$ 17.22
CLINIC	100	343		9,429.70	27.49	.040	94.30	1.10
SURGICENTER	1	10		243.41	24.34	.001	243.41	.03
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	831	1,280		137,339.60	107.30	.150	165.27	16.09

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,916  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR    MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	8,535 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	338	5,172	\$	42,904.74	\$ 8.30	.606	\$ 126.94	\$ 5.03
DURABLE MED. EQUIP.	10	16		1,014.53	63.41	.002	101.45	.12
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2		99.99	50.00	.000	99.99	.01
MEDICAL TRANSPORTATION	44	1,028		22,809.61	22.19	.120	518.40	2.67
AMBULANCES/AIR TRANS	41	990		12,348.09	12.47	.116	301.17	1.45
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	7	38		10,461.52	275.30	.004	1494.50	1.23
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	25	25		2,199.00	87.96	.003	87.96	.26
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	89	188		1,746.00	9.29	.022	19.62	.20
PHYSICAL THERAPIST	35	415		5,882.67	14.18	.049	168.08	.69

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	15	24	2,417.39	100.72	.003	161.16	.28
PROSTHETICS	6	12	1,984.73	165.39	.001	330.79	.23
ORTHOTICS	9	12	432.66	36.06	.001	48.07	.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	384.42	48.05	.001	96.11	.05
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	107	414	4,897.92	11.83	.049	45.77	.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	3,051	1,426.18	.47	.357	118.85	.17
@CALIF. CHILDREN SERVICES*	8	45	\$ 91,362.12	\$ 2030.27	.005	\$ 11420.27	\$ 10.70
@XOVER EXCLUDING STATE HOSP**	20	482	\$ 4,521.23	\$ 9.38	.056	\$ 226.06	\$ .53

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,917
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC	

10,032 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,405	38,475	\$ 2,099,329.65	\$ 54.56	3.835	\$ 388.41	\$ 209.26
@PHYSICIANS SERVICES	1,613	5,120	\$ 188,941.97	\$ 36.90	.510	\$ 117.14	\$ 18.83
OUTPATIENT VISITS	944	1,357	50,271.62	37.05	.135	53.25	5.01
OFFICE VISITS	858	1,138	39,947.63	35.10	.113	46.56	3.98
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	57	63	2,992.15	47.49	.006	52.49	.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	46	133	6,598.72	49.61	.013	143.45	.66
OTHER OUTPATIENT	19	23	733.12	31.87	.002	38.59	.07
INPATIENT VISITS	70	337	19,808.87	58.78	.034	282.98	1.97
HOSPITAL VISITS	67	259	12,209.93	47.14	.026	182.24	1.22
CRITICAL CARE	7	51	6,739.86	132.15	.005	962.84	.67
SNF/ICF/TRANS IP CARE	6	27	859.08	31.82	.003	143.18	.09
OPHTHALMOLOGICAL SERVICES	10	12	465.99	38.83	.001	46.60	.05
EXAMINATIONS	10	12	465.99	38.83	.001	46.60	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	67	397	28,841.98	72.65	.040	430.48	2.87
PRINCIPAL SURGEON	49	55	24,007.83	436.51	.005	489.96	2.39
ASSISTANT SURGEON	6	6	990.10	165.02	.001	165.02	.10
ANESTHESIOLOGIST	18	336	3,844.05	11.44	.033	213.56	.38
OUTPATIENT SURGERY	129	362	30,131.48	83.24	.036	233.58	3.00
PRINCIPAL SURGEON	113	162	25,908.15	159.93	.016	229.28	2.58
ASSISTANT SURGEON	2	2	109.41	54.71	.000	54.71	.01
ANESTHESIOLOGIST	29	198	4,113.92	20.78	.020	141.86	.41
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	115	159	1,835.96	11.55	.016	15.96	.18
RADIOLOGY	420	689	27,450.08	39.84	.069	65.36	2.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	44	92	718.88	7.81	.009	16.34	.07
OTHER SERVICES/ALL X-OVERS	384	1,715	29,417.11	17.15	.171	76.61	2.93
@PHARMACY	3,275	12,213	\$ 750,422.46	\$ 61.44	1.217	\$ 229.14	\$ 74.80
PRESCRIPTION DRUGS	3,255	9,971	727,251.31	72.94	.994	223.43	72.49

SNF/ICF	14	152	6,969.40	45.85	.015	497.81	.69
OUTPATIENTS	3,243	9,819	720,281.91	73.36	.979	222.10	71.80
MEDICAL SUPPLIES	126	2,242	23,171.15	10.34	.223	183.90	2.31
@DENTIST	610	2,227	\$ 103,287.75	\$ 46.38	.222	\$ 169.32	\$ 10.30
VISITS - DIAGNOSTIC	418	1,201	21,750.00	18.11	.120	52.03	2.17
ORAL SURGERY	97	275	15,312.00	55.68	.027	157.86	1.53
DRUGS	8	18	255.00	14.17	.002	31.88	.03
ANESTHESIA	14	14	1,400.00	100.00	.001	100.00	.14
PERIODONTICS	16	16	3,040.00	190.00	.002	190.00	.30
ENDODONTICS	34	57	11,012.00	193.19	.006	323.88	1.10
RESTORATIVE DENTISTRY	227	558	38,666.00	69.29	.056	170.33	3.85
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	33	82	11,201.75	136.61	.008	339.45	1.12
SPACE MAINTAINERS	4	4	621.00	155.25	.000	155.25	.06
MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,918  
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
TRINITY COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

10,032 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	158	460	\$ 10,302.39	\$ 22.40	.046	\$ 65.21	\$ 1.03
DIAGNOSTIC AND ANC. PROCED	108	109	4,905.81	45.01	.011	45.42	.49
EYE APPLIANCES	128	349	5,378.31	15.41	.035	42.02	.54
OTHER OPTOMETRIC SERVICES	1	2	18.27	9.14	.000	18.27	.00
@CHIROPRACTOR	6	6	\$ 100.32	\$ 16.72	.001	\$ 16.72	\$ .01
VISITS	6	6	100.32	16.72	.001	16.72	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	14	\$ 378.77	\$ 27.06	.001	\$ 42.09	\$ .04

MEDICINE/INJECTIONS	2	2		54.78	27.39	.000	27.39	.01	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	1	1		17.30	17.30	.000	17.30	.00	
OTHER	7	11		306.69	27.88	.001	43.81	.03	
@HOME HEALTH AGENCY	15	58	\$	3,678.07	\$ 63.42	.0006	\$ 245.20	\$ .37	
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
NURSE MIDWIFE	1	1	\$	49.30	\$ 49.30	.000	\$ 49.30	\$ .00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
@TOTAL HOSPITAL	1,381	6,059	\$	623,567.30	\$ 102.92	.604	\$ 451.53	\$ 62.16	
HOSP INPATIENT TOTAL	88	391		447,213.28	1143.77	.039	5081.97	44.58	
HSC HOSPITALS	1	9		10,017.00	1113.00	.001	10017.00	1.00	
NON-HSC HOSPITAL TOTAL	64	243		422,590.79	1739.06	.024	6602.98	42.12	
ACCOMMODATIONS	62	243		101,863.29	419.19	.024	1642.96	10.15	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	62	243		101,863.29	419.19	.024	1642.96	10.15	
ANCILLARIES	64	0		320,727.50	.00	.000	5011.37	31.97	
INPATIENT CROSSOVERS	23	139		14,605.49	105.08	.014	635.02	1.46	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	1,333	5,668		176,354.02	31.11	.565	132.30	17.58	
MEDICAL	670	962		39,141.70	40.69	.096	58.42	3.90	
SURGERY	157	215		11,275.86	52.45	.021	71.82	1.12	
PATHOLOGY	501	1,867		19,944.67	10.68	.186	39.81	1.99	
RADIOLOGY	326	441		30,773.32	69.78	.044	94.40	3.07	
ROOM USE	498	723		34,267.77	47.40	.072	68.81	3.42	
CROSSOVERS/ALL OTH OUTPTNT	448	1,460		40,950.70	28.05	.146	91.41	4.08	
@COUNTY HOSPITAL TOTAL	1,030	3,919	\$	221,489.51	\$ 56.52	.391	\$ 215.04	\$ 22.08	
CO HOSPITAL INPATIENT TOTAL	32	77		114,867.83	1491.79	.008	3589.62	11.45	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	25	54		110,221.58	2041.14	.005	4408.86	10.99	
ACCOMMODATIONS	24	54		25,172.25	466.15	.005	1048.84	2.51	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	24	54		25,172.25	466.15	.005	1048.84	2.51	
ANCILLARIES	25	0		85,049.33	.00	.000	3401.97	8.48	
INPATIENT CROSSOVERS	7	23		4,646.25	202.01	.002	663.75	.46	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1,013	3,842		106,621.68	27.75	.383	105.25	10.63	
MEDICAL	608	856		34,309.85	40.08	.085	56.43	3.42	
SURGERY	114	160		8,163.50	51.02	.016	71.61	.81	
PATHOLOGY	408	1,475		15,379.39	10.43	.147	37.69	1.53	
RADIOLOGY	231	304		18,906.00	62.19	.030	81.84	1.88	
ROOM USE	336	419		19,715.19	47.05	.042	58.68	1.97	
CROSSOVERS/ALL OTH OUTPTNT	267	628		10,147.75	16.16	.063	38.01	1.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 15,919
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC								

	10,032 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	403	2,140	\$	402,077.79	\$ 187.89	.213	\$ 997.71	\$ 40.08
COMM HOSP INPATIENT TOTAL	56	314		332,345.45	1058.43	.031	5934.74	33.13
HSC HOSPITALS	1	9		10,017.00	1113.00	.001	10017.00	1.00
NON-HSC HOSPITALS TOTAL	39	189		312,369.21	1652.75	.019	8009.47	31.14
ACCOMMODATIONS	38	189		76,691.04	405.77	.019	2018.19	7.64

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	38	189		76,691.04	405.77	.019	2018.19	7.64
ANCILLARIES	39	0		235,678.17	.00	.000	6043.03	23.49
INPATIENT CROSSOVERS	16	116		9,959.24	85.86	.012	622.45	.99
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	364	1,826		69,732.34	38.19	.182	191.57	6.95
MEDICAL	70	106		4,831.85	45.58	.011	69.03	.48
SURGERY	45	55		3,112.36	56.59	.005	69.16	.31
PATHOLOGY	107	392		4,565.28	11.65	.039	42.67	.46
RADIOLOGY	100	137		11,867.32	86.62	.014	118.67	1.18
ROOM USE	176	304		14,552.58	47.87	.030	82.69	1.45
CROSSOVERS/ALL OTH OUTPTNT	189	832		30,802.95	37.02	.083	162.98	3.07
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	12	392	\$	145,353.70	\$ 370.80	.039	\$ 12112.81	\$ 14.49
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	197		108,935.90	552.97	.020	21787.18	10.86
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	7	195		36,417.80	186.76	.019	5202.54	3.63
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	5	\$	3,425.63	\$ 685.13	.000	\$ 856.41	\$ .34
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	5		3,425.63	685.13	.000	856.41	.34
@REHABILITATION FACILITY	2	4	\$	84.76	\$ 21.19	.000	\$ 42.38	\$ .01
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	2	4		84.76	21.19	.000	42.38	.01
@LABORATORY FACILITY	395	1,231	\$	28,362.69	\$ 23.04	.123	\$ 71.80	\$ 2.83
PATHOLOGY	389	1,223		28,333.02	23.17	.122	72.84	2.82
XO AND OTHERS	6	8		29.67	3.71	.001	4.95	.00
@ORGANIZED OUTPATIENT CLINIC	1,134	2,016	\$	168,386.40	\$ 83.53	.201	\$ 148.49	\$ 16.78
CLINIC	101	344		9,439.70	27.44	.034	93.46	.94
SURGICENTER	3	12		637.05	53.09	.001	212.35	.06
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,044	1,660		158,309.65	95.37	.165	151.64	15.78

#CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

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01/17/03

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
10,032 ELIGIBLES							
@ALL OTHER PROVIDERS	554	8,669	\$ 72,988.14	\$ 8.42	.864	\$ 131.75	\$ 7.28
DURABLE MED. EQUIP.	19	38	10,334.06	271.95	.004	543.90	1.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	9	2,417.64	268.63	.001	402.94	.24
MEDICAL TRANSPORTATION	71	1,817	26,221.67	14.43	.181	369.32	2.61
AMBULANCES/AIR TRANS	42	1,066	12,732.54	11.94	.106	303.16	1.27
OTHER TRANS	1	48	454.80	9.48	.005	454.80	.05
OTHER SERVICES	32	703	13,034.33	18.54	.070	407.32	1.30
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00

----- MONTHLY AVERAGE -----

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	25	25	2,199.00	87.96	.002	87.96	.22
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	123	268	2,643.15	9.86	.027	21.49	.26
PHYSICAL THERAPIST	43	445	6,201.51	13.94	.044	144.22	.62
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	20	34	3,339.01	98.21	.003	166.95	.33
PROSTHETICS	11	22	2,906.35	132.11	.002	264.21	.29
ORTHOTICS	9	12	432.66	36.06	.001	48.07	.04
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	10	387.76	38.78	.001	77.55	.04
HOSPICE SERVICES	0	0	80.29	.00	.000	.00	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	110	499	5,899.58	11.82	.050	53.63	.59
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	156	5,523	13,237.44	2.40	.551	84.86	1.32
@CALIF. CHILDREN SERVICES*	15	74	\$ 99,077.09	\$ 1338.88	.007	\$ 6605.14	\$ 9.88
@XOVER EXCLUDING STATE HOSP**	426	3,629	\$ 64,226.15	\$ 17.70	.362	\$ 150.77	\$ 6.40

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,921  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

TRINITY COUNTY      SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

AID CODE

31 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	35	359	\$ 26,781.48	\$ 74.60	11.581	\$ 765.19	\$ 863.92
@PHYSICIANS SERVICES	3	7	\$ 227.60	\$ 32.51	.226	\$ 75.87	\$ 7.34
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.000		.00	.00	
PSYCHIATRY	0	0		.00		.000		.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00		.000		.00	.00	
OTHER SERVICES/ALL X-OVERS	3	7		227.60		.226		75.87	7.34	
@PHARMACY	22	91	\$	3,138.10	\$	34.48	2.935	\$ 142.64	\$ 101.23	
PRESCRIPTION DRUGS	22	71		2,916.20		41.07	2.290	132.55	94.07	
SNF/ICF	4	27		177.87		6.59	.871	44.47	5.74	
OUTPATIENTS	18	44		2,738.33		62.23	1.419	152.13	88.33	
MEDICAL SUPPLIES	5	20		221.90		11.10	.645	44.38	7.16	
@DENTIST	1	6	\$	725.00	\$	120.83	.194	\$ 725.00	\$ 23.39	
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00	
ORAL SURGERY	1	2		.00		.00	.065	.00	.00	
DRUGS	0	0		.00		.00	.000	.00	.00	
ANESTHESIA	0	0		.00		.00	.000	.00	.00	
PERIODONTICS	0	0		.00		.00	.000	.00	.00	
ENDODONTICS	0	0		.00		.00	.000	.00	.00	
RESTORATIVE DENTISTRY	1	2		.00		.00	.065	.00	.00	
PROSTHETICS	0	0		.00		.00	.000	.00	.00	
DENTURES, STAYPLATES	1	2		725.00		362.50	.065	725.00	23.39	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									PAGE 15,922
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 29 MN - SOC - AGED									AID CODE

31 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.097	\$ 53.11	\$ 1.71
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.097	53.11	1.71
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	3	8	\$ 1,029.88	\$ 128.74	.258	\$ 343.29	\$ 33.22
HOSP INPATIENT TOTAL	3	8	1,029.88	128.74	.258	343.29	33.22
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	3	8	1,029.88	128.74	.258	343.29	33.22
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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 MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
 TRINITY COUNTY      SUMMARY OF SERVICES FOR 29 MN - SOC - AGED      AID CODE

	31 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE	UNITS/DAYS	COST PER	COST PER
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	8	\$	1,029.88	\$ 128.74	.258	\$ 343.29	\$ 33.22
COMM HOSP INPATIENT TOTAL	3	8		1,029.88	128.74	.258	343.29	33.22
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	8		1,029.88	128.74	.258	343.29	33.22
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	3	133	\$	20,246.19	\$ 152.23	4.290	\$ 6748.73	\$ 653.10
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3	133		20,246.19	152.23	4.290	6748.73	653.10
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	4	\$	359.49	\$ 89.87	.129	\$ 119.83	\$ 11.60
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	3		339.28	113.09	.097	169.64	10.94
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		20.21	20.21	.032	20.21	.65
#CALIF DEPT OF HEALTH SERV								
MOP024								
TRINITY COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 29 MN - SOC - AGED  
AID CODE  
----- MONTHLY AVERAGE -----  
31 ELIGIBLES  
USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER  
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@ALL OTHER PROVIDERS	6	107	\$	1,002.11	\$ 9.37	3.452	\$ 167.02	\$ 32.33
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00

HEARING AID DISPENSERS	2	2	630.01	315.01	.065	315.01	20.32
MEDICAL TRANSPORTATION	2	100	305.42	3.05	3.226	152.71	9.85
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	100	305.42	3.05	3.226	152.71	9.85
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	3	32.58	10.86	.097	32.58	1.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	34.10	17.05	.065	34.10	1.10
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	9	111	\$ 1,793.16	\$ 16.15	3.581	\$ 199.24	\$ 57.84

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,925
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND

PAGE 15,926  
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,927  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$
MENTALLY ILL	0	0		.00		.00	.000	
DEVELOP. DISABLED	0	0		.00		.00	.000	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	
LEV B-REHAB MD	0	0		.00		.00	.000	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	
LEV B-REGULAR	0	0		.00		.00	.000	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$
ICF DDH	0	0		.00		.00	.000	
ICF DD	0	0		.00		.00	.000	
ICF DDN/DDCN	0	0		.00		.00	.000	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$
HOSPITAL BASED	0	0		.00		.00	.000	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$
HOSPITAL BASED	0	0		.00		.00	.000	
INDEPENDENT FACILITY	0	0		.00		.00	.000	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$
PATHOLOGY	0	0		.00		.00	.000	
XO AND OTHERS	0	0		.00		.00	.000	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$
CLINIC	0	0		.00		.00	.000	
SURGICENTER	0	0		.00		.00	.000	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,928  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
 TRINITY COUNTY      SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024 FEE-FOR-SERVICE/DENTAL  
TRINITY COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

PAGE 15,929  
01/17/03

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	50	\$ 1,959.88	\$ 39.20	12.500	\$ 178.17	\$ 489.97
@PHYSICIANS SERVICES	4	7	\$ 167.55	\$ 23.94	1.750	\$ 41.89	\$ 41.89
OUTPATIENT VISITS	1	1	144.44	144.44	.250	144.44	36.11
OFFICE VISITS	1	1	144.44	144.44	.250	144.44	36.11
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	6		23.11	3.85	1.500	7.70	5.78
@PHARMACY	5	11	\$	903.21	\$ 82.11	2.750	\$ 180.64	\$ 225.80
PRESCRIPTION DRUGS	3	6		544.40	90.73	1.500	181.47	136.10
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	3	6		544.40	90.73	1.500	181.47	136.10
MEDICAL SUPPLIES	2	5		358.81	71.76	1.250	179.41	89.70
@DENTIST	0	0	\$	60.98CR	\$ .00	.000	\$ .00	\$ 15.25CR
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		60.98CR	.00	.000	.00	15.25CR
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 15,930
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W							

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	1	4	\$	100.56	\$ 25.14	1.000	\$ 100.56	\$ 25.14
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.250	47.45	11.86
EYE APPLIANCES	1	3		53.11	17.70	.750	53.11	13.28
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	13	\$	589.18	\$	45.32	3.250	\$	589.18	\$	147.30
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	13		589.18		45.32	3.250		589.18		147.30
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	13		589.18		45.32	3.250		589.18		147.30
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,931  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED      AID CODES 65 67 6W

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	13	\$ 589.18	\$ 45.32	3.250	\$ 589.18	\$ 147.30
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	1	13		589.18		45.32	3.250	589.18	147.30
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	1	13		589.18		45.32	3.250	589.18	147.30
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	8	\$	52.83	\$	6.60	2.000	\$ 52.83	\$ 13.21
PATHOLOGY	1	8		52.83		6.60	2.000	52.83	13.21
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	134.42	\$	67.21	.500	\$ 134.42	\$ 33.61
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	2		134.42		67.21	.500	134.42	33.61

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,932  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED      AID CODES 65 67 6W

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	5	\$ 73.11	\$ 14.62	1.250	\$ 24.37	\$ 18.28
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	52.16	13.04	1.000	26.08	13.04
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	20.95	20.95	.250	20.95	5.24
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	5	24	\$ 709.40	\$ 29.56	6.000	\$ 141.88	\$ 177.35

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,933
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37	

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	39	185	\$ 24,175.91	\$ 130.68	13.214	\$ 619.90	\$ 1726.85
@PHYSICIANS SERVICES	15	48	\$ 2,793.48	\$ 58.20	3.429	\$ 186.23	\$ 199.53
OUTPATIENT VISITS	1	2	139.90	69.95	.143	139.90	9.99
OFFICE VISITS	1	2	139.90	69.95	.143	139.90	9.99
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	3	10		437.11		43.71	.714	145.70	31.22
HOSPITAL VISITS	3	10		437.11		43.71	.714	145.70	31.22
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		234.18		234.18	.071	234.18	16.73
PRINCIPAL SURGEON	1	1		234.18		234.18	.071	234.18	16.73
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	5	23		1,788.72		77.77	1.643	357.74	127.77
PRINCIPAL SURGEON	5	9		1,599.30		177.70	.643	319.86	114.24
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	14		189.42		13.53	1.000	189.42	13.53
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	6	9		117.96		13.11	.643	19.66	8.43
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	3		75.61		25.20	.214	25.20	5.40
@PHARMACY	9	24	\$	3,132.03	\$	130.50	1.714	\$ 348.00	\$ 223.72
PRESCRIPTION DRUGS	8	21		2,645.28		125.97	1.500	330.66	188.95
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	8	21		2,645.28		125.97	1.500	330.66	188.95
MEDICAL SUPPLIES	3	3		486.75		162.25	.214	162.25	34.77
@DENTIST	1	4	\$	.00	\$	.00	.286	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	1	3		.00		.00	.214	.00	.00
DRUGS	1	1		.00		.00	.071	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 15,934
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37								

	14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	4 \$	90.30	\$ 22.58	.286	\$ 90.30	\$ 6.45
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.071	47.45	3.39
EYE APPLIANCES	1	3		42.85	14.28	.214	42.85	3.06
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	18	83	\$ 15,248.15	\$ 183.71	5.929	\$ 847.12	\$ 1089.15
HOSP INPATIENT TOTAL	2	8	13,320.31	1665.04	.571	6660.16	951.45
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	8	13,320.31	1665.04	.571	6660.16	951.45
ACCOMMODATIONS	2	8	4,500.00	562.50	.571	2250.00	321.43
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	4,500.00	562.50	.571	2250.00	321.43
ANCILLARIES	2	0	8,820.31	.00	.000	4410.16	630.02
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	17	75	1,927.84	25.70	5.357	113.40	137.70
MEDICAL	5	5	387.38	77.48	.357	77.48	27.67
SURGERY	4	7	248.71	35.53	.500	62.18	17.77
PATHOLOGY	5	22	253.37	11.52	1.571	50.67	18.10
RADIOLOGY	7	11	352.90	32.08	.786	50.41	25.21
ROOM USE	7	12	527.48	43.96	.857	75.35	37.68
CROSSOVERS/ALL OTH OUTPTNT	6	18	158.00	8.78	1.286	26.33	11.29
@COUNTY HOSPITAL TOTAL	11	49	\$ 14,335.94	\$ 292.57	3.500	\$ 1303.27	\$ 1024.00
CO HOSPITAL INPATIENT TOTAL	2	8	13,320.31	1665.04	.571	6660.16	951.45
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	8	13,320.31	1665.04	.571	6660.16	951.45
ACCOMMODATIONS	2	8	4,500.00	562.50	.571	2250.00	321.43
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8	4,500.00	562.50	.571	2250.00	321.43
ANCILLARIES	2	0	8,820.31	.00	.000	4410.16	630.02
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	10	41	1,015.63	24.77	2.929	101.56	72.55
MEDICAL	4	4	369.97	92.49	.286	92.49	26.43
SURGERY	1	1	37.10	37.10	.071	37.10	2.65
PATHOLOGY	3	18	199.08	11.06	1.286	66.36	14.22
RADIOLOGY	3	3	202.07	67.36	.214	67.36	14.43
ROOM USE	4	5	127.10	25.42	.357	31.78	9.08
CROSSOVERS/ALL OTH OUTPTNT	2	10	80.31	8.03	.714	40.16	5.74

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

	14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7		34	\$ 912.21	\$ 26.83	2.429	\$ 130.32	\$ 65.16
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	34		912.21	26.83	2.429	130.32	65.16
MEDICAL	1	1		17.41	17.41	.071	17.41	1.24
SURGERY	3	6		211.61	35.27	.429	70.54	15.12
PATHOLOGY	2	4		54.29	13.57	.286	27.15	3.88
RADIOLOGY	4	8		150.83	18.85	.571	37.71	10.77
ROOM USE	3	7		400.38	57.20	.500	133.46	28.60
CROSSOVERS/ALL OTH OUTPTNT	4	8		77.69	9.71	.571	19.42	5.55
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	8	\$	405.38	50.67	.571	135.13	28.96
PATHOLOGY	3	8		405.38	50.67	.571	135.13	28.96
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	9	\$	659.96	73.33	.643	109.99	47.14
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	9		659.96	73.33	.643	109.99	47.14

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	5	\$ 1,846.61	\$ 369.32	.357	\$ 615.54	\$ 131.90
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	2	1,822.10	911.05	.143	1822.10	130.15
AMBULANCES/AIR TRANS	1	1	22.10	22.10	.071	22.10	1.58
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.071	1800.00	128.57
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	14.68	7.34	.143	14.68	1.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.83	9.83	.071	9.83	.70
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 30.53	\$ 15.27	.143	\$ 15.27	\$ 2.18

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,937
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC	

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	85	594	\$ 52,917.27	\$ 89.09	12.122	\$ 622.56	\$ 1079.94
@PHYSICIANS SERVICES	22	62	\$ 3,188.63	\$ 51.43	1.265	\$ 144.94	\$ 65.07
OUTPATIENT VISITS	2	3	284.34	94.78	.061	142.17	5.80
OFFICE VISITS	2	3	284.34	94.78	.061	142.17	5.80
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	10	437.11	43.71	.204	145.70	8.92
HOSPITAL VISITS	3	10	437.11	43.71	.204	145.70	8.92
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	234.18	234.18	.020	234.18	4.78
PRINCIPAL SURGEON	1	1	234.18	234.18	.020	234.18	4.78
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	23	1,788.72	77.77	.469	357.74	36.50
PRINCIPAL SURGEON	5	9	1,599.30	177.70	.184	319.86	32.64
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	14	189.42	13.53	.286	189.42	3.87
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	6	9		117.96	13.11	.184	19.66	2.41	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	9	16		326.32	20.40	.327	36.26	6.66	
@PHARMACY	36	126	\$	7,173.34	\$ 56.93	2.571	\$ 199.26	\$ 146.39	
PRESCRIPTION DRUGS	33	98		6,105.88	62.30	2.000	185.03	124.61	
SNF/ICF	4	27		177.87	6.59	.551	44.47	3.63	
OUTPATIENTS	29	71		5,928.01	83.49	1.449	204.41	120.98	
MEDICAL SUPPLIES	10	28		1,067.46	38.12	.571	106.75	21.78	
@DENTIST	2	10	\$	664.02	\$ 66.40	.204	\$ 332.01	\$ 13.55	
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00	
ORAL SURGERY	2	5		.00	.00	.102	.00	.00	
DRUGS	1	1		.00	.00	.020	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	1	2		.00	.00	.041	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	1	2		664.02	332.01	.041	664.02	13.55	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 15,938
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC								

	49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	11	\$	243.97	\$ 22.18	.224	\$ 81.32	\$ 4.98
DIAGNOSTIC AND ANC. PROCED	2	2		94.90	47.45	.041	47.45	1.94

EYE APPLIANCES	3	9		149.07	16.56	.184	49.69	3.04
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	22	104	\$	16,867.21	\$ 162.18	2.122	\$ 766.69	\$ 344.23
HOSP INPATIENT TOTAL	5	16		14,350.19	896.89	.327	2870.04	292.86
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	8		13,320.31	1665.04	.163	6660.16	271.84
ACCOMMODATIONS	2	8		4,500.00	562.50	.163	2250.00	91.84
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8		4,500.00	562.50	.163	2250.00	91.84
ANCILLARIES	2	0		8,820.31	.00	.000	4410.16	180.01
INPATIENT CROSSOVERS	3	8		1,029.88	128.74	.163	343.29	21.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	18	88		2,517.02	28.60	1.796	139.83	51.37
MEDICAL	5	5		387.38	77.48	.102	77.48	7.91
SURGERY	4	7		248.71	35.53	.143	62.18	5.08
PATHOLOGY	5	22		253.37	11.52	.449	50.67	5.17
RADIOLOGY	7	11		352.90	32.08	.224	50.41	7.20
ROOM USE	7	12		527.48	43.96	.245	75.35	10.76
CROSSOVERS/ALL OTH OUTPTNT	7	31		747.18	24.10	.633	106.74	15.25
@COUNTY HOSPITAL TOTAL	11	49	\$	14,335.94	\$ 292.57	1.000	\$ 1303.27	\$ 292.57
CO HOSPITAL INPATIENT TOTAL	2	8		13,320.31	1665.04	.163	6660.16	271.84
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	8		13,320.31	1665.04	.163	6660.16	271.84
ACCOMMODATIONS	2	8		4,500.00	562.50	.163	2250.00	91.84
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	8		4,500.00	562.50	.163	2250.00	91.84
ANCILLARIES	2	0		8,820.31	.00	.000	4410.16	180.01
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	10	41		1,015.63	24.77	.837	101.56	20.73
MEDICAL	4	4		369.97	92.49	.082	92.49	7.55
SURGERY	1	1		37.10	37.10	.020	37.10	.76
PATHOLOGY	3	18		199.08	11.06	.367	66.36	4.06
RADIOLOGY	3	3		202.07	67.36	.061	67.36	4.12
ROOM USE	4	5		127.10	25.42	.102	31.78	2.59
CROSSOVERS/ALL OTH OUTPTNT	2	10		80.31	8.03	.204	40.16	1.64

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

----- MONTHLY AVERAGE -----  
49 ELIGIBLES      USERS      UNITS OF SERVICE      EXPENDITURES      AVERAGE COST      UNITS/DAYS      COST PER      COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	55	\$	2,531.27	\$ 46.02	1.122	\$ 230.12	\$ 51.66
COMM HOSP INPATIENT TOTAL	3	8		1,029.88	128.74	.163	343.29	21.02
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	8		1,029.88	128.74	.163	343.29	21.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	47		1,501.39	31.94	.959	187.67	30.64
MEDICAL	1	1		17.41	17.41	.020	17.41	.36
SURGERY	3	6		211.61	35.27	.122	70.54	4.32
PATHOLOGY	2	4		54.29	13.57	.082	27.15	1.11
RADIOLOGY	4	8		150.83	18.85	.163	37.71	3.08
ROOM USE	3	7		400.38	57.20	.143	133.46	8.17
CROSSOVERS/ALL OTH OUTPTNT	5	21		666.87	31.76	.429	133.37	13.61
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	3	133	\$	20,246.19	\$ 152.23	2.714	\$ 6748.73	\$ 413.19
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3	133		20,246.19	152.23	2.714	6748.73	413.19
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	16	\$	458.21	\$ 28.64	.327	\$ 114.55	\$ 9.35
PATHOLOGY	4	16		458.21	28.64	.327	114.55	9.35
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	15	\$	1,153.87	\$ 76.92	.306	\$ 115.39	\$ 23.55
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	2	3		339.28	113.09	.061	169.64	6.92
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	8	12		814.59	67.88	.245	101.82	16.62
#CALIF DEPT OF HEALTH SERV								
MOP024								
TRINITY COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

	49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	12		117	\$ 2,921.83	\$ 24.97	2.388	\$ 243.49	\$ 59.63
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	2	2	630.01	315.01	.041	315.01	12.86
MEDICAL TRANSPORTATION	3	102	2,127.52	20.86	2.082	709.17	43.42
AMBULANCES/AIR TRANS	1	1	22.10	22.10	.020	22.10	.45
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	101	2,105.42	20.85	2.061	701.81	42.97
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	9	99.42	11.05	.184	24.86	2.03
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.83	9.83	.020	9.83	.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3	55.05	18.35	.061	27.53	1.12
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	16	137	2,533.09	18.49	2.796	158.32	51.70

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,941  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED      AID CODE

386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	337	14,332	\$ 1,828,480.49	\$ 127.58	37.130	\$ 5425.76	\$ 4737.00
@PHYSICIANS SERVICES	46	74	\$ 918.29	\$ 12.41	.192	\$ 19.96	\$ 2.38
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	46	74		918.29	12.41	.192	19.96	2.38
@PHARMACY	206	4,080	\$	86,437.08	\$ 21.19	10.570	\$ 419.60	\$ 223.93
PRESCRIPTION DRUGS	206	1,761		85,742.71	48.69	4.562	416.23	222.13
SNF/ICF	206	1,737		87,159.43	50.18	4.500	423.10	225.80
OUTPATIENTS	0	24		1,416.72CR	59.03CR	.062	.00	3.67CR
MEDICAL SUPPLIES	3	2,319		694.37	.30	6.008	231.46	1.80
@DENTIST	6	17	\$	280.00	\$ 16.47	.044	\$ 46.67	\$ .73
VISITS - DIAGNOSTIC	6	16		235.00	14.69	.041	39.17	.61
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		45.00	45.00	.003	45.00	.12
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED      AID CODE

386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	5	15	\$ 391.98	\$ 26.13	.039	\$ 78.40	\$ 1.02	
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.008	47.45	.37	
EYE APPLIANCES	4	12	202.18	16.85	.031	50.55	.52	
OTHER OPTOMETRIC SERVICES	1	0	47.45	.00	.000	47.45	.12	
@CHIROPRACTOR	0	0	.00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	6	7	\$ 44.05	\$ 6.29	.018	\$ 7.34	\$ .11	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	6	7	44.05	6.29	.018	7.34	.11	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
@TOTAL HOSPITAL	8	23	\$ 2,057.29	\$ 89.45	.060	\$ 257.16	\$ 5.33	
HOSP INPATIENT TOTAL	4	15	1,758.82	117.25	.039	439.71	4.56	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	15	1,758.82	117.25	.039	439.71	4.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	8	298.47	37.31	.021	74.62	.77
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	8	298.47	37.31	.021	74.62	.77
@COUNTY HOSPITAL TOTAL	5	20	\$ 1,793.97	\$ 89.70	.052	\$ 358.79	\$ 4.65
CO HOSPITAL INPATIENT TOTAL	3	15	1,758.82	117.25	.039	586.27	4.56
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	15	1,758.82	117.25	.039	586.27	4.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	35.15	7.03	.013	17.58	.09
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSTOVERS/ALL OTH OUTPTNT	2	5	35.15	7.03	.013	17.58	.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 15,943
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
				AID CODE			
					----- MONTHLY AVERAGE -----		
386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	3	\$ 263.32	\$ 87.77	.008	\$ 87.77	\$ .68
COMM HOSP INPATIENT TOTAL	1	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	1	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	3	263.32	87.77	.008	131.66	.68
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	2	3	263.32	87.77	.008	131.66	.68
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	315	9,833	\$ 1,731,621.36	\$ 176.10	25.474	\$ 5497.21	\$ 4486.07
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	3	1,644.90	548.30	.008	1644.90	4.26
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	314	9,830	1,729,976.46	175.99	25.466	5509.48	4481.80
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 6.58	\$ 6.58	.003	\$ 6.58	\$ .02
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	1	1	6.58	6.58	.003	6.58	.02
@ORGANIZED OUTPATIENT CLINIC	10	18	\$ 1,382.31	\$ 76.80	.047	\$ 138.23	\$ 3.58
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	10	18	1,382.31	76.80	.047	138.23	3.58
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 15,944
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
				AID CODE			

386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	23	264	\$ 5,341.55	\$ 20.23	.684	\$ 232.24	\$ 13.84
DURABLE MED. EQUIP.	5	23	2,693.41	117.10	.060	538.68	6.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	4	585.36	146.34	.010	292.68	1.52
MEDICAL TRANSPORTATION	7	219	985.55	4.50	.567	140.79	2.55
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	6	201	839.43	4.18	.521	139.91	2.17
OTHER SERVICES	4	18	146.12	8.12	.047	36.53	.38
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	129.18	12.92	.026	25.84	.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	5	536.40	107.28	.013	536.40	1.39
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	3	411.65	137.22	.008	137.22	1.07
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	90	2,426	\$ 40,806.50	\$ 16.82	6.285	\$ 453.41	\$ 105.72

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024      FEE-FOR-SERVICE/DENTAL  
TRINITY COUNTY      SUMMARY OF SERVICES FOR    35 MN - LTNG - BLIND

PAGE 15,945  
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR    35 MN - LTNG - BLIND      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,948  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,949
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED	AID CODE

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	18	598	\$ 41,105.60	\$ 68.74	37.375	\$ 2283.64	\$ 2569.10
@PHYSICIANS SERVICES	5	36	\$ 163.99	\$ 4.56	2.250	\$ 32.80	\$ 10.25
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	0	0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	36		163.99		4.56	2.250	32.80	10.25
@PHARMACY	15	95	\$	2,956.82	\$	31.12	5.938	197.12	184.80
PRESCRIPTION DRUGS	15	93		2,847.18		30.61	5.813	189.81	177.95
SNF/ICF	14	78		2,963.09		37.99	4.875	211.65	185.19
OUTPATIENTS	1	15		115.91CR		7.73CR	.938	115.91CR	7.24CR
MEDICAL SUPPLIES	2	2		109.64		54.82	.125	54.82	6.85
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,950  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED      AID CODE

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$	11.60	\$ 5.80	.125	\$ 5.80	\$ .73

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	2	11.60	5.80	.125	5.80	.73
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	2	35	\$ 799.96	\$ 22.86	2.188	\$ 399.98	\$ 50.00
HOSP INPATIENT TOTAL	1	31	792.00	25.55	1.938	792.00	49.50
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	31	792.00	25.55	1.938	792.00	49.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	4	7.96	1.99	.250	3.98	.50
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	4	7.96	1.99	.250	3.98	.50
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED      AID CODE

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	35	\$ 799.96	\$ 22.86	2.188	\$ 399.98	\$ 50.00
COMM HOSP INPATIENT TOTAL	1	31	792.00	25.55	1.938	792.00	49.50
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	31		792.00	25.55	1.938	792.00	49.50
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	4		7.96	1.99	.250	3.98	.50
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	4		7.96	1.99	.250	3.98	.50
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	12	364	\$	36,366.94	\$	99.91	22.750	\$ 3030.58 \$ 2272.93
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	12	364		36,366.94	99.91	22.750	3030.58	2272.93
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	31.36	\$	15.68	.125	\$ 31.36 \$ 1.96
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	2		31.36	15.68	.125	31.36	1.96

#CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

AID CODE

PAGE 15,952 01/17/03

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	64	\$ 774.93	\$ 12.11	4.000	\$ 129.16	\$ 48.43
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	62	729.71	11.77	3.875	182.43	45.61
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	3	48	489.72	10.20	3.000	163.24	30.61
OTHER SERVICES	2	14	239.99	17.14	.875	120.00	15.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	45.22	22.61	.125	22.61	2.83
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	9	58	\$ 2,377.26	\$ 40.99	3.625	\$ 264.14	\$ 148.58

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,953  
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TRINITY COUNTY      SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,954  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES      DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,955  
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TRINITY COUNTY      SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES      DISCONTIN

----- MONTHLY AVERAGE -----  
00 ELIGIBLES      USERS      UNITS OF SERVICE      EXPENDITURES      AVERAGE COST      UNITS/DAYS      COST PER      COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
TRINITY COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

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	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,957
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TRINITY COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG	

402 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	355	14,930	\$ 1,869,586.09	\$ 125.22	37.139	\$ 5266.44	\$ 4650.71
@PHYSICIANS SERVICES	51	110	\$ 1,082.28	\$ 9.84	.274	\$ 21.22	\$ 2.69
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	51	110		1,082.28	9.84	.274	21.22	2.69
@PHARMACY	221	4,175	\$	89,393.90	\$ 21.41	10.386	\$ 404.50	\$ 222.37
PRESCRIPTION DRUGS	221	1,854		88,589.89	47.78	4.612	400.86	220.37
SNF/ICF	220	1,815		90,122.52	49.65	4.515	409.65	224.19
OUTPATIENTS	1	39		1,532.63CR	39.30CR	.097	1532.63CR	3.81CR
MEDICAL SUPPLIES	5	2,321		804.01	.35	5.774	160.80	2.00
@DENTIST	6	17	\$	280.00	\$ 16.47	.042	\$ 46.67	\$ .70
VISITS - DIAGNOSTIC	6	16		235.00	14.69	.040	39.17	.58
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		45.00	45.00	.002	45.00	.11
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

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## TRINITY COUNTY

## SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

402 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	5	15	\$ 391.98	\$ 26.13	.037	\$ 78.40	\$ .98
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.007	47.45	.35
EYE APPLIANCES	4	12	202.18	16.85	.030	50.55	.50
OTHER OPTOMETRIC SERVICES	1	0	47.45	.00	.000	47.45	.12
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	9	\$ 55.65	\$ 6.18	.022	\$ 6.96	\$ .14
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	8	9	55.65	6.18	.022	6.96	.14
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	10	58	\$ 2,857.25	\$ 49.26	.144	\$ 285.73	\$ 7.11
HOSP INPATIENT TOTAL	5	46	2,550.82	55.45	.114	510.16	6.35
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	46	2,550.82	55.45	.114	510.16	6.35
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	12	306.43	25.54	.030	51.07	.76
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	12	306.43	25.54	.030	51.07	.76
@COUNTY HOSPITAL TOTAL	5	20	\$ 1,793.97	\$ 89.70	.050	\$ 358.79	\$ 4.46
CO HOSPITAL INPATIENT TOTAL	3	15	1,758.82	117.25	.037	586.27	4.38
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	15	1,758.82	117.25	.037	586.27	4.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	5	35.15	7.03	.012	17.58	.09
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

402 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	38	\$ 1,063.28	\$ 27.98	.095	\$ 212.66	\$ 2.64
COMM HOSP INPATIENT TOTAL	2	31	792.00	25.55	.077	396.00	1.97
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	31	792.00	25.55	.077	396.00	1.97
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	7	271.28	38.75	.017	67.82	.67
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	7	271.28	38.75	.017	67.82	.67
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	327	10,197	\$ 1,767,988.30	\$ 173.38	25.366	\$ 5406.69	\$ 4397.98
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	3	1,644.90	548.30	.007	1644.90	4.09
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	326	10,194	1,766,343.40	173.27	25.358	5418.23	4393.89
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 6.58	\$ 6.58	.002	\$ 6.58	\$ .02
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	1	1	6.58	6.58	.002	6.58	.02
@ORGANIZED OUTPATIENT CLINIC	11	20	\$ 1,413.67	\$ 70.68	.050	\$ 128.52	\$ 3.52
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	11	20	1,413.67	70.68	.050	128.52	3.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 15,960
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG						

402 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	29	328	\$ 6,116.48	\$ 18.65	.816	\$ 210.91	\$ 15.22
DURABLE MED. EQUIP.	5	23	2,693.41	117.10	.057	538.68	6.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	4	585.36	146.34	.010	292.68	1.46
MEDICAL TRANSPORTATION	11	281	1,715.26	6.10	.699	155.93	4.27
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	9	249	1,329.15	5.34	.619	147.68	3.31
OTHER SERVICES	6	32	386.11	12.07	.080	64.35	.96
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	129.18	12.92	.025	25.84	.32
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	5	536.40	107.28	.012	536.40	1.33
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	5	456.87	91.37	.012	91.37	1.14
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	99	2,484	\$ 43,183.76	\$ 17.38	6.179	\$ 436.20	\$ 107.42

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024      FEE-FOR-SERVICE/DENTAL  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

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01/17/03

1,266 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,042	18,895	\$ 2,095,517.62	\$ 110.90	14.925	\$ 2011.05	\$ 1655.23
@PHYSICIANS SERVICES	187	451	\$ 6,250.59	\$ 13.86	.356	\$ 33.43	\$ 4.94
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	187	451		6,250.59	13.86	.356	33.43	4.94
@PHARMACY	812	6,516	\$	251,472.23	\$ 38.59	5.147	\$ 309.69	\$ 198.64
PRESCRIPTION DRUGS	807	4,078		246,090.21	60.35	3.221	304.94	194.38
SNF/ICF	214	1,850		91,232.16	49.31	1.461	426.32	72.06
OUTPATIENTS	593	2,228		154,858.05	69.51	1.760	261.14	122.32
MEDICAL SUPPLIES	32	2,438		5,382.02	2.21	1.926	168.19	4.25
@DENTIST	32	103	\$	5,227.75	\$ 50.75	.081	\$ 163.37	\$ 4.13
VISITS - DIAGNOSTIC	22	51		897.00	17.59	.040	40.77	.71
ORAL SURGERY	5	25		555.00	22.20	.020	111.00	.44
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	13		1,182.00	90.92	.010	168.86	.93
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	10	14		2,593.75	185.27	.011	259.38	2.05
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

						----- MONTHLY AVERAGE -----		
1,266 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	21	60	\$ 1,308.06	\$ 21.80	.047	\$ 62.29	\$ 1.03	
DIAGNOSTIC AND ANC. PROCED	8	8	379.60	47.45	.006	47.45	.30	
EYE APPLIANCES	18	50	862.74	17.25	.039	47.93	.68	
OTHER OPTOMETRIC SERVICES	2	2	65.72	32.86	.002	32.86	.05	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	10	14	\$ 196.96	\$ 14.07	.011	\$ 19.70	\$ .16	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	10	14	196.96	14.07	.011	19.70	.16	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	64	355	\$	18,454.89	\$	51.99	.280	\$	288.36	\$	14.58
HOSP INPATIENT TOTAL	19	76		10,395.95		136.79	.060		547.16		8.21
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	19	76		10,395.95		136.79	.060		547.16		8.21
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	47	279		8,058.94		28.89	.220		171.47		6.37
MEDICAL	2	2		149.35		74.68	.002		74.68		.12
SURGERY	1	1		.00		.00	.001		.00		.00
PATHOLOGY	2	27		181.92		6.74	.021		90.96		.14
RADIOLOGY	1	2		278.83		139.42	.002		278.83		.22
ROOM USE	2	4		49.47		12.37	.003		24.74		.04
CROSSOVERS/ALL OTH OUTPTNT	47	243		7,399.37		30.45	.192		157.43		5.84
@COUNTY HOSPITAL TOTAL	22	106	\$	5,574.76	\$	52.59	.084	\$	253.40	\$	4.40
CO HOSPITAL INPATIENT TOTAL	7	27		3,989.07		147.74	.021		569.87		3.15
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	7	27		3,989.07		147.74	.021		569.87		3.15
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	15	79	1,585.69	20.07	.062	105.71	1.25
MEDICAL	1	1	149.35	149.35	.001	149.35	.12
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	23	181.92	7.91	.018	181.92	.14
RADIOLOGY	1	2	278.83	139.42	.002	278.83	.22
ROOM USE	1	1	49.47	49.47	.001	49.47	.04
CROSSOVERS/ALL OTH OUTPTNT	15	52	926.12	17.81	.041	61.74	.73

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	1,266 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	42		249	\$ 12,880.13	\$ 51.73	.197	\$ 306.67	\$ 10.17
COMM HOSP INPATIENT TOTAL	12		49	6,406.88	130.75	.039	533.91	5.06
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12		49	6,406.88	130.75	.039	533.91	5.06
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	32		200	6,473.25	32.37	.158	202.29	5.11
MEDICAL	1		1	.00	.00	.001	.00	.00
SURGERY	1		1	.00	.00	.001	.00	.00
PATHOLOGY	1		4	.00	.00	.003	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	1		3	.00	.00	.002	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	32		191	6,473.25	33.89	.151	202.29	5.11
@STATE HOSPITAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	323		10,118	\$ 1,782,824.46	\$ 176.20	7.992	\$ 5519.58	\$ 1408.23
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1		3	1,644.90	548.30	.002	1644.90	1.30
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	322		10,115	1,781,179.56	176.09	7.990	5531.61	1406.93
@INTERMEDIATE CARE FACIL.-DD	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0		0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6		6	\$ 85.67	\$ 14.28	.005	\$ 14.28	\$ .07
PATHOLOGY	1		1	60.25	60.25	.001	60.25	.05
XO AND OTHERS	5		5	25.42	5.08	.004	5.08	.02
@ORGANIZED OUTPATIENT CLINIC	118		202	\$ 12,198.37	\$ 60.39	.160	\$ 103.38	\$ 9.64
CLINIC	0		0	.00	.00	.000	.00	.00

SURGICENTER	4	5	732.92	146.58	.004	183.23	.58
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	114	197	11,465.45	58.20	.156	100.57	9.06

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,266 ELIGIBLES							
@ALL OTHER PROVIDERS	163	1,070	\$ 17,498.64	\$ 16.35	.845	\$ 107.35	\$ 13.82
DURABLE MED. EQUIP.	5	23	2,693.41	117.10	.018	538.68	2.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	13	3,533.02	271.77	.010	392.56	2.79
MEDICAL TRANSPORTATION	26	642	2,974.59	4.63	.507	114.41	2.35
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	7	249	1,294.23	5.20	.197	184.89	1.02
OTHER SERVICES	22	393	1,680.36	4.28	.310	76.38	1.33
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	23	53	644.38	12.16	.042	28.02	.51
PHYSICAL THERAPIST	2	5	26.09	5.22	.004	13.05	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	7	170.60	24.37	.006	56.87	.13
PROSTHETICS	3	7	170.60	24.37	.006	56.87	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	5	536.40	107.28	.004	536.40	.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	101	322	6,920.15	21.49	.254	68.52	5.47
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	347	3,790	\$ 70,867.04	\$ 18.70	2.994	\$ 204.23	\$ 55.98

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
00 ELIGIBLES							
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,969
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED	

668 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	555	9,990	\$ 416,507.57	\$ 41.69	14.955	\$ 750.46	\$ 623.51
@PHYSICIANS SERVICES	151	848	\$ 18,834.42	\$ 22.21	1.269	\$ 124.73	\$ 28.20

OUTPATIENT VISITS	36	73		2,470.13	33.84	.109	68.61	3.70
OFFICE VISITS	33	64		2,131.65	33.31	.096	64.60	3.19
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		108.08	108.08	.001	108.08	.16
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	7	8		230.40	28.80	.012	32.91	.34
INPATIENT VISITS	5	15		660.70	44.05	.022	132.14	.99
HOSPITAL VISITS	5	15		660.70	44.05	.022	132.14	.99
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	19		3,159.11	166.27	.028	631.82	4.73
PRINCIPAL SURGEON	4	5		2,596.04	519.21	.007	649.01	3.89
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14		563.07	40.22	.021	281.54	.84
OUTPATIENT SURGERY	7	19		1,407.92	74.10	.028	201.13	2.11
PRINCIPAL SURGEON	5	8		1,139.90	142.49	.012	227.98	1.71
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	11		268.02	24.37	.016	134.01	.40
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	18	32		1,360.48	42.52	.048	75.58	2.04
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		5.55	5.55	.001	5.55	.01
OTHER SERVICES/ALL X-OVERS	109	689		9,770.53	14.18	1.031	89.64	14.63
@PHARMACY	463	4,475	\$	258,518.17	\$ 57.77	6.699	\$ 558.35	\$ 387.00
PRESCRIPTION DRUGS	456	2,434		247,540.48	101.70	3.644	542.85	370.57
SNF/ICF	24	144		6,037.63	41.93	.216	251.57	9.04
OUTPATIENTS	434	2,290		241,502.85	105.46	3.428	556.46	361.53
MEDICAL SUPPLIES	56	2,041		10,977.69	5.38	3.055	196.03	16.43
@DENTIST	54	200	\$	11,893.02	\$ 59.47	.299	\$ 220.24	\$ 17.80
VISITS - DIAGNOSTIC	32	78		1,586.00	20.33	.117	49.56	2.37
ORAL SURGERY	14	56		2,524.00	45.07	.084	180.29	3.78
DRUGS	1	3		45.00	15.00	.004	45.00	.07
ANESTHESIA	1	1		100.00	100.00	.001	100.00	.15
PERIODONTICS	1	1		200.00	200.00	.001	200.00	.30
ENDODONTICS	2	5		1,190.00	238.00	.007	595.00	1.78
RESTORATIVE DENTISTRY	13	28		2,439.00	87.11	.042	187.62	3.65
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.04
DENTURES, STAYPLATES	8	27		3,779.02	139.96	.040	472.38	5.66
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
TRINITY COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED							
----- MONTHLY AVERAGE -----								
668 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	18	56	\$	1,206.46	\$ 21.54	.084	\$ 67.03	\$ 1.81
DIAGNOSTIC AND ANC. PROCED	9	9		427.05	47.45	.013	47.45	.64

EYE APPLIANCES	17	47		779.41		16.58	.070	45.85	1.17
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	4	4	\$	45.44	\$	11.36	.006	\$ 11.36	\$ .07
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	4	4		45.44		11.36	.006	11.36	.07
@HOME HEALTH AGENCY	3	30	\$	2,081.73	\$	69.39	.045	\$ 693.91	\$ 3.12
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	87	787	\$	45,961.32	\$	58.40	1.178	\$ 528.29	\$ 68.80
HOSP INPATIENT TOTAL	16	124		35,915.04		289.64	.186	2244.69	53.77
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	4	7		28,124.80		4017.83	.010	7031.20	42.10
ACCOMMODATIONS	3	7		4,087.00		583.86	.010	1362.33	6.12
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	3	7		4,087.00		583.86	.010	1362.33	6.12
ANCILLARIES	4	0		24,037.80		.00	.000	6009.45	35.98
INPATIENT CROSSOVERS	12	117		7,790.24		66.58	.175	649.19	11.66
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	77	663		10,046.28		15.15	.993	130.47	15.04
MEDICAL	9	18		699.29		38.85	.027	77.70	1.05
SURGERY	5	7		473.56		67.65	.010	94.71	.71
PATHOLOGY	21	355		2,795.96		7.88	.531	133.14	4.19
RADIOLOGY	8	12		1,184.44		98.70	.018	148.06	1.77
ROOM USE	16	33		1,726.44		52.32	.049	107.90	2.58
CROSSOVERS/ALL OTH OUTPTNT	60	238		3,166.59		13.31	.356	52.78	4.74
@COUNTY HOSPITAL TOTAL	48	504	\$	17,700.54	\$	35.12	.754	\$ 368.76	\$ 26.50
CO HOSPITAL INPATIENT TOTAL	5	13		10,580.93		813.92	.019	2116.19	15.84
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	2		8,164.93		4082.47	.003	4082.47	12.22
ACCOMMODATIONS	1	2		1,065.00		532.50	.003	1065.00	1.59
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	1	2		1,065.00		532.50	.003	1065.00	1.59
ANCILLARIES	2	0		7,099.93		.00	.000	3549.97	10.63
INPATIENT CROSSOVERS	3	11		2,416.00		219.64	.016	805.33	3.62
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	45	491		7,119.61		14.50	.735	158.21	10.66
MEDICAL	5	7		468.14		66.88	.010	93.63	.70
SURGERY	3	5		305.65		61.13	.007	101.88	.46
PATHOLOGY	21	345		2,689.85		7.80	.516	128.09	4.03
RADIOLOGY	6	9		893.40		99.27	.013	148.90	1.34
ROOM USE	11	23		1,288.29		56.01	.034	117.12	1.93
CROSSOVERS/ALL OTH OUTPTNT	28	102		1,474.28		14.45	.153	52.65	2.21

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

----- MONTHLY AVERAGE -----  
668 ELIGIBLES      USERS      UNITS OF SERVICE      EXPENDITURES      AVERAGE COST      UNITS/DAYS      COST PER      COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	46	283	\$	28,260.78	\$ 99.86	.424	\$ 614.36	\$ 42.31
COMM HOSP INPATIENT TOTAL	11	111		25,334.11	228.24	.166	2303.10	37.93
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	5		19,959.87	3991.97	.007	9979.94	29.88
ACCOMMODATIONS	2	5		3,022.00	604.40	.007	1511.00	4.52
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5		3,022.00	604.40	.007	1511.00	4.52
ANCILLARIES	2	0		16,937.87	.00	.000	8468.94	25.36
INPATIENT CROSSOVERS	9	106		5,374.24	50.70	.159	597.14	8.05
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	39	172		2,926.67	17.02	.257	75.04	4.38
MEDICAL	4	11		231.15	21.01	.016	57.79	.35
SURGERY	2	2		167.91	83.96	.003	83.96	.25
PATHOLOGY	1	10		106.11	10.61	.015	106.11	.16
RADIOLOGY	3	3		291.04	97.01	.004	97.01	.44
ROOM USE	8	10		438.15	43.82	.015	54.77	.66
CROSSOVERS/ALL OTH OUTPTNT	32	136		1,692.31	12.44	.204	52.88	2.53
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	14	407	\$	41,585.30	\$ 102.18	.609	\$ 2970.38	\$ 62.25
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	14	407		41,585.30	102.18	.609	2970.38	62.25
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	5	\$	3,425.63	\$ 685.13	.007	\$ 856.41	\$ 5.13
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	5		3,425.63	685.13	.007	856.41	5.13
@REHABILITATION FACILITY	2	4	\$	84.76	\$ 21.19	.006	\$ 42.38	\$ .13
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	2	4		84.76	21.19	.006	42.38	.13
@LABORATORY FACILITY	21	100	\$	2,011.96	\$ 20.12	.150	\$ 95.81	\$ 3.01
PATHOLOGY	19	96		2,001.13	20.85	.144	105.32	3.00
XO AND OTHERS	2	4		10.83	2.71	.006	5.42	.02
@ORGANIZED OUTPATIENT CLINIC	113	207	\$	11,082.90	\$ 53.54	.310	\$ 98.08	\$ 16.59
CLINIC	1	1		10.00	10.00	.001	10.00	.01
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	112	206		11,072.90	53.75	.308	98.87	16.58
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TRINITY COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED							

	668 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	91		2,867	\$ 19,776.46	\$ 6.90	4.292	\$ 217.32	\$ 29.61
DURABLE MED. EQUIP.	9		22	9,319.53	423.62	.033	1035.50	13.95
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	528	2,458.15	4.66	.790	175.58	3.68
AMBULANCES/AIR TRANS	1	76	384.45	5.06	.114	384.45	.58
OTHER TRANS	3	48	489.72	10.20	.072	163.24	.73
OTHER SERVICES	11	404	1,583.98	3.92	.605	144.00	2.37
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	44	466.69	10.61	.066	24.56	.70
PHYSICAL THERAPIST	6	25	292.75	11.71	.037	48.79	.44
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	751.02	250.34	.004	375.51	1.12
PROSTHETICS	2	3	751.02	250.34	.004	375.51	1.12
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	3.34	1.67	.003	3.34	.01
HOSPICE SERVICES	0	0	80.29	.00	.000	.00	.12
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	85	1,001.66	11.78	.127	333.89	1.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	50	2,158	5,403.03	2.50	3.231	108.06	8.09
@CALIF. CHILDREN SERVICES*	7	29	\$ 7,714.97	\$ 266.03	.043	\$ 1102.14	\$ 11.55
@XOVER EXCLUDING STATE HOSP**	172	1,976	\$ 34,524.20	\$ 17.47	2.958	\$ 200.72	\$ 51.68

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
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## TRINITY COUNTY

## SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

8,549 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,248	25,114	\$ 1,509,807.82	\$ 60.12	2.938	\$ 355.42	\$ 176.61
@PHYSICIANS SERVICES	1,348	3,993	\$ 168,127.87	\$ 42.11	.467	\$ 124.72	\$ 19.67
OUTPATIENT VISITS	910	1,287	48,085.83	37.36	.151	52.84	5.62
OFFICE VISITS	827	1,077	38,100.32	35.38	.126	46.07	4.46
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	56	62	2,884.07	46.52	.007	51.50	.34
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	46	133	6,598.72	49.61	.016	143.45	.77
OTHER OUTPATIENT	12	15	502.72	33.51	.002	41.89	.06
INPATIENT VISITS	68	332	19,585.28	58.99	.039	288.02	2.29
HOSPITAL VISITS	65	254	11,986.34	47.19	.030	184.41	1.40
CRITICAL CARE	7	51	6,739.86	132.15	.006	962.84	.79
SNF/ICF/TRANS IP CARE	6	27	859.08	31.82	.003	143.18	.10
OPHTHALMOLOGICAL SERVICES	10	12	465.99	38.83	.001	46.60	.05
EXAMINATIONS	10	12	465.99	38.83	.001	46.60	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	63	379	25,917.05	68.38	.044	411.38	3.03
PRINCIPAL SURGEON	46	51	21,645.97	424.43	.006	470.56	2.53
ASSISTANT SURGEON	6	6	990.10	165.02	.001	165.02	.12
ANESTHESIOLOGIST	16	322	3,280.98	10.19	.038	205.06	.38
OUTPATIENT SURGERY	127	366	30,512.28	83.37	.043	240.25	3.57
PRINCIPAL SURGEON	113	163	26,367.55	161.76	.019	233.34	3.08
ASSISTANT SURGEON	2	2	109.41	54.71	.000	54.71	.01
ANESTHESIOLOGIST	28	201	4,035.32	20.08	.024	144.12	.47
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	115	159	1,835.96	11.55	.019	15.96	.21
RADIOLOGY	408	666	26,207.56	39.35	.078	64.23	3.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	43	91	713.33	7.84	.011	16.59	.08
OTHER SERVICES/ALL X-OVERS	148	701	14,804.59	21.12	.082	100.03	1.73
@PHARMACY	2,257	5,523	\$ 336,999.30	\$ 61.02	.646	\$ 149.31	\$ 39.42
PRESCRIPTION DRUGS	2,246	5,411	328,316.39	60.68	.633	146.18	38.40
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2,246	5,411	328,316.39	60.68	.633	146.18	38.40
MEDICAL SUPPLIES	53	112	8,682.91	77.53	.013	163.83	1.02
@DENTIST	532	1,951	\$ 87,111.00	\$ 44.65	.228	\$ 163.74	\$ 10.19
VISITS - DIAGNOSTIC	370	1,088	19,502.00	17.92	.127	52.71	2.28
ORAL SURGERY	80	199	12,233.00	61.47	.023	152.91	1.43
DRUGS	8	16	210.00	13.13	.002	26.25	.02
ANESTHESIA	13	13	1,300.00	100.00	.002	100.00	.15
PERIODONTICS	15	15	2,840.00	189.33	.002	189.33	.33
ENDODONTICS	32	52	9,822.00	188.88	.006	306.94	1.15
RESTORATIVE DENTISTRY	208	519	35,045.00	67.52	.061	168.49	4.10
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	17	44	5,538.00	125.86	.005	325.76	.65
SPACE MAINTAINERS	4	4	621.00	155.25	.000	155.25	.07
MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

## TRINITY COUNTY

## SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

	8,549 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	127		370	\$ 8,423.82	\$ 22.77	.043	\$ 66.33	\$ .99
DIAGNOSTIC AND ANC. PROCED	96		97	4,336.41	44.71	.011	45.17	.51
EYE APPLIANCES	100		273	4,087.41	14.97	.032	40.87	.48
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	.00
@CHIROPRACTOR	6		6	\$ 100.32	\$ 16.72	.001	\$ 16.72	\$ .01
VISITS	6		6	100.32	16.72	.001	16.72	.01
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	3		5	\$ 192.02	\$ 38.40	.001	\$ 64.01	\$ .02
MEDICINE/INJECTIONS	2		2	54.78	27.39	.000	27.39	.01
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1		1	17.30	17.30	.000	17.30	.00
OTHER	1		2	119.94	59.97	.000	119.94	.01
@HOME HEALTH AGENCY	12		28	\$ 1,596.34	\$ 57.01	.003	\$ 133.03	\$ .19
NURSE ANESTHESIST	0		0	.00	.00	.000	.00	.00
NURSE MIDWIFE	1		1	\$ 49.30	\$ 49.30	.000	\$ 49.30	\$ .01
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,262		5,079	\$ 578,875.55	\$ 113.97	.594	\$ 458.70	\$ 67.71
HOSP INPATIENT TOTAL	63		253	417,803.30	1651.40	.030	6631.80	48.87
HSC HOSPITALS	1		9	10,017.00	1113.00	.001	10017.00	1.17
NON-HSC HOSPITAL TOTAL	62		244	407,786.30	1671.26	.029	6577.20	47.70
ACCOMMODATIONS	61		244	102,276.29	419.17	.029	1676.66	11.96
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	61		244	102,276.29	419.17	.029	1676.66	11.96
ANCILLARIES	62		0	305,510.01	.00	.000	4927.58	35.74
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,233		4,826	161,072.25	33.38	.565	130.63	18.84
MEDICAL	664		947	38,680.44	40.85	.111	58.25	4.52
SURGERY	155		214	11,051.01	51.64	.025	71.30	1.29
PATHOLOGY	483		1,507	17,220.16	11.43	.176	35.65	2.01
RADIOLOGY	324		438	29,662.95	67.72	.051	91.55	3.47
ROOM USE	487		698	33,019.34	47.31	.082	67.80	3.86
CROSSOVERS/ALL OTH OUTPTNT	354		1,022	31,438.35	30.76	.120	88.81	3.68
@COUNTY HOSPITAL TOTAL	976		3,378	\$ 214,344.12	\$ 63.45	.395	\$ 219.61	\$ 25.07
CO HOSPITAL INPATIENT TOTAL	25		60	115,376.96	1922.95	.007	4615.08	13.50
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	25		60	115,376.96	1922.95	.007	4615.08	13.50
ACCOMMODATIONS	25		60	28,607.25	476.79	.007	1144.29	3.35
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	25		60	28,607.25	476.79	.007	1144.29	3.35
ANCILLARIES	25		0	86,769.71	.00	.000	3470.79	10.15
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	965		3,318	98,967.16	29.83	.388	102.56	11.58
MEDICAL	606		852	34,062.33	39.98	.100	56.21	3.98
SURGERY	112		156	7,894.95	50.61	.018	70.49	.92
PATHOLOGY	389		1,125	12,706.70	11.29	.132	32.67	1.49
RADIOLOGY	227		296	17,935.84	60.59	.035	79.01	2.10
ROOM USE	328		400	18,504.53	46.26	.047	56.42	2.16

	8,549 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	331	1,701	\$	364,531.43	\$ 214.30	.199	\$ 1101.30	\$ 42.64
COMM HOSP INPATIENT TOTAL	38	193		302,426.34	1566.98	.023	7958.59	35.38
HSC HOSPITALS	1	9		10,017.00	1113.00	.001	10017.00	1.17
NON-HSC HOSPITALS TOTAL	37	184		292,409.34	1589.18	.022	7902.96	34.20
ACCOMMODATIONS	36	184		73,669.04	400.38	.022	2046.36	8.62
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	184		73,669.04	400.38	.022	2046.36	8.62
ANCILLARIES	37	0		218,740.30	.00	.000	5911.90	25.59
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	305	1,508		62,105.09	41.18	.176	203.62	7.26
MEDICAL	66	95		4,618.11	48.61	.011	69.97	.54
SURGERY	45	58		3,156.06	54.41	.007	70.13	.37
PATHOLOGY	107	382		4,513.46	11.82	.045	42.18	.53
RADIOLOGY	101	142		11,727.11	82.59	.017	116.11	1.37
ROOM USE	170	298		14,514.81	48.71	.035	85.38	1.70
CROSSOVERS/ALL OTH OUTPTNT	134	533		23,575.54	44.23	.062	175.94	2.76
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	5	197	\$	109,178.43	\$ 554.21	.023	\$ 21835.69	\$ 12.77
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	197		108,935.90	552.97	.023	21787.18	12.74
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		242.53	.00	.000	.00	.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	373	1,142	\$	26,729.85	\$ 23.41	.134	\$ 71.66	\$ 3.13
PATHOLOGY	373	1,142		26,729.85	23.41	.134	71.66	3.13
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	924	1,642	\$	147,672.67	\$ 89.93	.192	\$ 159.82	\$ 17.27
CLINIC	100	343		9,429.70	27.49	.040	94.30	1.10
SURGICENTER	1	10		243.41	24.34	.001	243.41	.03
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	837	1,289		137,999.56	107.06	.151	164.87	16.14

8,549 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	341	5,177	\$ 44,751.35	\$ 8.64	.606	\$ 131.24	\$ 5.23
DURABLE MED. EQUIP.	10	16	1,014.53	63.41	.002	101.45	.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	99.99	50.00	.000	99.99	.01
MEDICAL TRANSPORTATION	45	1,030	24,631.71	23.91	.120	547.37	2.88
AMBULANCES/AIR TRANS	42	991	12,370.19	12.48	.116	294.53	1.45
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	8	39	12,261.52	314.40	.005	1532.69	1.43
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	25	25	2,199.00	87.96	.003	87.96	.26
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	90	190	1,760.68	9.27	.022	19.56	.21
PHYSICAL THERAPIST	35	415	5,882.67	14.18	.049	168.08	.69
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	15	24	2,417.39	100.72	.003	161.16	.28
PROSTHETICS	6	12	1,984.73	165.39	.001	330.79	.23
ORTHOTICS	9	12	432.66	36.06	.001	48.07	.05
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	384.42	48.05	.001	96.11	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	108	415	4,907.75	11.83	.049	45.44	.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	3,051	1,426.18	.47	.357	118.85	.17
@CALIF. CHILDREN SERVICES*	8	45	\$ 91,362.12	\$ 2030.27	.005	\$ 11420.27	\$ 10.69
@XOVER EXCLUDING STATE HOSP**	22	484	\$ 4,551.76	\$ 9.40	.057	\$ 206.90	\$ .53

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
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10,483 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,845	53,999	\$ 4,021,833.01	\$ 74.48	5.151	\$ 688.08	\$ 383.65
@PHYSICIANS SERVICES	1,686	5,292	\$ 193,212.88	\$ 36.51	.505	\$ 114.60	\$ 18.43
OUTPATIENT VISITS	946	1,360	50,555.96	37.17	.130	53.44	4.82
OFFICE VISITS	860	1,141	40,231.97	35.26	.109	46.78	3.84
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	57	63	2,992.15	47.49	.006	52.49	.29
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	46	133	6,598.72	49.61	.013	143.45	.63
OTHER OUTPATIENT	19	23	733.12	31.87	.002	38.59	.07
INPATIENT VISITS	73	347	20,245.98	58.35	.033	277.34	1.93
HOSPITAL VISITS	70	269	12,647.04	47.02	.026	180.67	1.21
CRITICAL CARE	7	51	6,739.86	132.15	.005	962.84	.64
SNF/ICF/TRANS IP CARE	6	27	859.08	31.82	.003	143.18	.08
OPHTHALMOLOGICAL SERVICES	10	12	465.99	38.83	.001	46.60	.04

EXAMINATIONS	10	12		465.99		38.83	.001	46.60	.04
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	68	398		29,076.16		73.06	.038	427.59	2.77
PRINCIPAL SURGEON	50	56		24,242.01		432.89	.005	484.84	2.31
ASSISTANT SURGEON	6	6		990.10		165.02	.001	165.02	.09
ANESTHESIOLOGIST	18	336		3,844.05		11.44	.032	213.56	.37
OUTPATIENT SURGERY	134	385		31,920.20		82.91	.037	238.21	3.04
PRINCIPAL SURGEON	118	171		27,507.45		160.86	.016	233.11	2.62
ASSISTANT SURGEON	2	2		109.41		54.71	.000	54.71	.01
ANESTHESIOLOGIST	30	212		4,303.34		20.30	.020	143.44	.41
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	115	159		1,835.96		11.55	.015	15.96	.18
RADIOLOGY	426	698		27,568.04		39.50	.067	64.71	2.63
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	44	92		718.88		7.81	.009	16.34	.07
OTHER SERVICES/ALL X-OVERS	444	1,841		30,825.71		16.74	.176	69.43	2.94
@PHARMACY	3,532	16,514	\$	846,989.70	\$	51.29	1.575	\$ 239.80	\$ 80.80
PRESCRIPTION DRUGS	3,509	11,923		821,947.08		68.94	1.137	234.24	78.41
SNF/ICF	238	1,994		97,269.79		48.78	.190	408.70	9.28
OUTPATIENTS	3,273	9,929		724,677.29		72.99	.947	221.41	69.13
MEDICAL SUPPLIES	141	4,591		25,042.62		5.45	.438	177.61	2.39
@DENTIST	618	2,254	\$	104,231.77	\$	46.24	.215	\$ 168.66	\$ 9.94
VISITS - DIAGNOSTIC	424	1,217		21,985.00		18.06	.116	51.85	2.10
ORAL SURGERY	99	280		15,312.00		54.69	.027	154.67	1.46
DRUGS	9	19		255.00		13.42	.002	28.33	.02
ANESTHESIA	14	14		1,400.00		100.00	.001	100.00	.13
PERIODONTICS	16	16		3,040.00		190.00	.002	190.00	.29
ENDODONTICS	34	57		11,012.00		193.19	.005	323.88	1.05
RESTORATIVE DENTISTRY	228	560		38,666.00		69.05	.053	169.59	3.69
PROSTHETICS	1	1		30.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	35	85		11,910.77		140.13	.008	340.31	1.14
SPACE MAINTAINERS	4	4		621.00		155.25	.000	155.25	.06

MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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	10,483 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	166		486	\$ 10,938.34	\$ 22.51	.046	\$ 65.89	\$ 1.04
DIAGNOSTIC AND ANC. PROCED	113		114	5,143.06	45.11	.011	45.51	.49
EYE APPLIANCES	135		370	5,729.56	15.49	.035	42.44	.55
OTHER OPTOMETRIC SERVICES	2		2	65.72	32.86	.000	32.86	.01
@CHIROPRACTOR	6		6	\$ 100.32	\$ 16.72	.001	\$ 16.72	\$ .01
VISITS	6		6	100.32	16.72	.001	16.72	.01
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	17		23	\$ 434.42	\$ 18.89	.002	\$ 25.55	\$ .04
MEDICINE/INJECTIONS	2		2	54.78	27.39	.000	27.39	.01
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1		1	17.30	17.30	.000	17.30	.00
OTHER	15		20	362.34	18.12	.002	24.16	.03
@HOME HEALTH AGENCY	15		58	\$ 3,678.07	\$ 63.42	.006	\$ 245.20	\$ .35
NURSE ANESTHESIST	0		0	.00	.00	.000	.00	.00
NURSE MIDWIFE	1		1	\$ 49.30	\$ 49.30	.000	\$ 49.30	\$ .00
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,413		6,221	\$ 643,291.76	\$ 103.41	.593	\$ 455.27	\$ 61.37
HOSP INPATIENT TOTAL	98		453	464,114.29	1024.53	.043	4735.86	44.27
HSC HOSPITALS	1		9	10,017.00	1113.00	.001	10017.00	.96
NON-HSC HOSPITAL TOTAL	66		251	435,911.10	1736.70	.024	6604.71	41.58
ACCOMMODATIONS	64		251	106,363.29	423.76	.024	1661.93	10.15
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	64		251	106,363.29	423.76	.024	1661.93	10.15
ANCILLARIES	66		0	329,547.81	.00	.000	4993.15	31.44
INPATIENT CROSSOVERS	31		193	18,186.19	94.23	.018	586.65	1.73
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,357		5,768	179,177.47	31.06	.550	132.04	17.09
MEDICAL	675		967	39,529.08	40.88	.092	58.56	3.77
SURGERY	161		222	11,524.57	51.91	.021	71.58	1.10
PATHOLOGY	506		1,889	20,198.04	10.69	.180	39.92	1.93
RADIOLOGY	333		452	31,126.22	68.86	.043	93.47	2.97
ROOM USE	505		735	34,795.25	47.34	.070	68.90	3.32
CROSSOVERS/ALL OTH OUTPTNT	461		1,503	42,004.31	27.95	.143	91.12	4.01
@COUNTY HOSPITAL TOTAL	1,046		3,988	\$ 237,619.42	\$ 59.58	.380	\$ 227.17	\$ 22.67
CO HOSPITAL INPATIENT TOTAL	37		100	129,946.96	1299.47	.010	3512.08	12.40
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	27		62	123,541.89	1992.61	.006	4575.63	11.78
ACCOMMODATIONS	26		62	29,672.25	478.58	.006	1141.24	2.83
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	26		62	29,672.25	478.58	.006	1141.24	2.83
ANCILLARIES	27		0	93,869.64	.00	.000	3476.65	8.95
INPATIENT CROSSOVERS	10		38	6,405.07	168.55	.004	640.51	.61
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	1,025	3,888	107,672.46	27.69	.371	105.05	10.27
MEDICAL	612	860	34,679.82	40.33	.082	56.67	3.31
SURGERY	115	161	8,200.60	50.94	.015	71.31	.78
PATHOLOGY	411	1,493	15,578.47	10.43	.142	37.90	1.49
RADIOLOGY	234	307	19,108.07	62.24	.029	81.66	1.82
ROOM USE	340	424	19,842.29	46.80	.040	58.36	1.89
CROSSOVERS/ALL OTH OUTPTNT	271	643	10,263.21	15.96	.061	37.87	.98

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	10,483 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	419	2,233	\$	405,672.34	\$ 181.67	.213	\$ 968.19	\$ 38.70
COMM HOSP INPATIENT TOTAL	61	353		334,167.33	946.65	.034	5478.15	31.88
HSC HOSPITALS	1	9		10,017.00	1113.00	.001	10017.00	.96
NON-HSC HOSPITALS TOTAL	39	189		312,369.21	1652.75	.018	8009.47	29.80
ACCOMMODATIONS	38	189		76,691.04	405.77	.018	2018.19	7.32
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	38	189		76,691.04	405.77	.018	2018.19	7.32
ANCILLARIES	39	0		235,678.17	.00	.000	6043.03	22.48
INPATIENT CROSSOVERS	21	155		11,781.12	76.01	.015	561.01	1.12
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	376	1,880		71,505.01	38.03	.179	190.17	6.82
MEDICAL	71	107		4,849.26	45.32	.010	68.30	.46
SURGERY	48	61		3,323.97	54.49	.006	69.25	.32
PATHOLOGY	109	396		4,619.57	11.67	.038	42.38	.44
RADIOLOGY	104	145		12,018.15	82.88	.014	115.56	1.15
ROOM USE	179	311		14,952.96	48.08	.030	83.54	1.43
CROSSOVERS/ALL OTH OUTPTNT	198	860		31,741.10	36.91	.082	160.31	3.03
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	342	10,722	\$	1,933,588.19	\$ 180.34	1.023	\$ 5653.77	\$ 184.45
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	6	200		110,580.80	552.90	.019	18430.13	10.55
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	336	10,522		1,823,007.39	173.26	1.004	5425.62	173.90
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	5	\$	3,425.63	\$ 685.13	.000	\$ 856.41	\$ .33
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	5		3,425.63	685.13	.000	856.41	.33
@REHABILITATION FACILITY	2	4	\$	84.76	\$ 21.19	.000	\$ 42.38	\$ .01
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	2	4		84.76	21.19	.000	42.38	.01
@LABORATORY FACILITY	400	1,248	\$	28,827.48	\$ 23.10	.119	\$ 72.07	\$ 2.75
PATHOLOGY	393	1,239		28,791.23	23.24	.118	73.26	2.75
XO AND OTHERS	7	9		36.25	4.03	.001	5.18	.00
@ORGANIZED OUTPATIENT CLINIC	1,155	2,051	\$	170,953.94	\$ 83.35	.196	\$ 148.01	\$ 16.31
CLINIC	101	344		9,439.70	27.44	.033	93.46	.90

SURGICENTER	5	15	976.33	65.09	.001	195.27	.09
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,063	1,692	160,537.91	94.88	.161	151.02	15.31

#CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

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	10,483 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	595	9,114	\$	82,026.45	\$ 9.00	.869	\$ 137.86	\$ 7.82
DURABLE MED. EQUIP.	24	61		13,027.47	213.57	.006	542.81	1.24
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	10	15		3,633.01	242.20	.001	363.30	.35
MEDICAL TRANSPORTATION	85	2,200		30,064.45	13.67	.210	353.70	2.87
AMBULANCES/AIR TRANS	43	1,067		12,754.64	11.95	.102	296.62	1.22
OTHER TRANS	10	297		1,783.95	6.01	.028	178.40	.17
OTHER SERVICES	41	836		15,525.86	18.57	.080	378.68	1.48
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	25	25		2,199.00	87.96	.002	87.96	.21
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	132	287		2,871.75	10.01	.027	21.76	.27
PHYSICAL THERAPIST	43	445		6,201.51	13.94	.042	144.22	.59
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	20	34		3,339.01	98.21	.003	166.95	.32
PROSTHETICS	11	22		2,906.35	132.11	.002	264.21	.28
ORTHOTICS	9	12		432.66	36.06	.001	48.07	.04
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	10		387.76	38.78	.001	77.55	.04
HOSPICE SERVICES	1	5		616.69	123.34	.000	616.69	.06
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	111	500		5,909.41	11.82	.048	53.24	.56
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	163	5,531		13,749.36	2.49	.528	84.35	1.31
@CALIF. CHILDREN SERVICES*	15	74	\$	99,077.09	\$ 1338.88	.007	\$ 6605.14	\$ 9.45
@XOVER EXCLUDING STATE HOSP**	541	6,250	\$	109,943.00	\$ 17.59	.596	\$ 203.22	\$ 10.49

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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	346 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	135	1,415	\$	78,324.82	\$ 55.35	4.090	\$ 580.18	\$ 226.37
@PHYSICIANS SERVICES	47	134	\$	6,531.40	\$ 48.74	.387	\$ 138.97	\$ 18.88
OUTPATIENT VISITS	24	33		1,275.31	38.65	.095	53.14	3.69
OFFICE VISITS	21	29		1,081.03	37.28	.084	51.48	3.12
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3		133.80	44.60	.009	44.60	.39
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	1	1		60.48	60.48	.003	60.48	.17

OTHER OUTPATIENT	0	0		.00		.000	.00	.00
INPATIENT VISITS	6	29		1,728.19		.084	288.03	4.99
HOSPITAL VISITS	5	26		1,309.59		.075	261.92	3.78
CRITICAL CARE	1	3		418.60		.009	418.60	1.21
SNF/ICF/TRANS IP CARE	0	0		.00		.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.000	.00	.00
EXAMINATIONS	0	0		.00		.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	11		1,230.86		.032	410.29	3.56
PRINCIPAL SURGEON	2	2		945.31		.006	472.66	2.73
ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	2	9		285.55		.026	142.78	.83
OUTPATIENT SURGERY	3	13		492.39		.038	164.13	1.42
PRINCIPAL SURGEON	2	2		345.00		.006	172.50	1.00
ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	1	11		147.39		.032	147.39	.43
DIALYSIS	0	0		.00		.000	.00	.00
PATHOLOGY	4	4		61.98		.012	15.50	.18
RADIOLOGY	23	37		1,315.98		.107	57.22	3.80
PSYCHIATRY	0	0		.00		.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	7		426.69		.020	106.67	1.23
@PHARMACY	54	92	\$	3,227.55	\$	.266	59.77	9.33
PRESCRIPTION DRUGS	54	92		3,227.55		.266	59.77	9.33
SNF/ICF	0	0		.00		.000	.00	.00
OUTPATIENTS	54	92		3,227.55		.266	59.77	9.33
MEDICAL SUPPLIES	0	0		.00		.000	.00	.00
@DENTIST	10	25	\$	756.75	\$	.072	75.68	2.19
VISITS - DIAGNOSTIC	9	18		443.75		.052	49.31	1.28
ORAL SURGERY	0	0		.00		.000	.00	.00
DRUGS	0	0		.00		.000	.00	.00
ANESTHESIA	0	0		.00		.000	.00	.00
PERIODONTICS	0	0		.00		.000	.00	.00
ENDODONTICS	1	1		71.00		.003	71.00	.21
RESTORATIVE DENTISTRY	4	6		242.00		.017	60.50	.70
PROSTHETICS	0	0		.00		.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 15,982
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82							

						----- MONTHLY AVERAGE -----		
346 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	8	\$	180.60	\$ 22.58	.023	\$ 90.30	\$ .52
DIAGNOSTIC AND ANC. PROCED	2	2		94.90	47.45	.006	47.45	.27
EYE APPLIANCES	2	6		85.70	14.28	.017	42.85	.25
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	.00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	.00	\$ .00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	7	\$	479.29	\$ 68.47	.020	\$ 479.29	\$ 1.39
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	37	162	\$	54,484.60	\$ 336.32	.468	\$ 1472.56	\$ 157.47
HOSP INPATIENT TOTAL	5	31		50,206.00	1619.55	.090	10041.20	145.10
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	5	31		50,206.00	1619.55	.090	10041.20	145.10
ACCOMMODATIONS	5	31		10,010.85	322.93	.090	2002.17	28.93
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	31		10,010.85	322.93	.090	2002.17	28.93
ANCILLARIES	5	0		40,195.15	.00	.000	8039.03	116.17
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	32	131		4,278.60	32.66	.379	133.71	12.37
MEDICAL	19	25		1,120.29	44.81	.072	58.96	3.24
SURGERY	2	3		295.64	98.55	.009	147.82	.85
PATHOLOGY	12	32		381.24	11.91	.092	31.77	1.10
RADIOLOGY	12	22		748.30	34.01	.064	62.36	2.16
ROOM USE	16	18		759.79	42.21	.052	47.49	2.20
CROSSOVERS/ALL OTH OUTPTNT	11	31		973.34	31.40	.090	88.49	2.81
@COUNTY HOSPITAL TOTAL	21	75	\$	2,038.89	\$ 27.19	.217	\$ 97.09	\$ 5.89
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	21	75	2,038.89	27.19	.217	97.09	5.89
MEDICAL	13	19	715.70	37.67	.055	55.05	2.07
SURGERY	2	3	279.05	93.02	.009	139.53	.81
PATHOLOGY	9	26	298.89	11.50	.075	33.21	.86
RADIOLOGY	6	8	285.77	35.72	.023	47.63	.83
ROOM USE	8	9	368.32	40.92	.026	46.04	1.06
CROSSOVERS/ALL OTH OUTPTNT	6	10	91.16	9.12	.029	15.19	.26
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024 FEE-FOR-SERVICE/DENTAL							
TRINITY COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82							
----- MONTHLY AVERAGE -----							
346 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	87	\$ 52,445.71	\$ 602.82	.251	\$ 2913.65	\$ 151.58
COMM HOSP INPATIENT TOTAL	5	31	50,206.00	1619.55	.090	10041.20	145.10
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	31	50,206.00	1619.55	.090	10041.20	145.10
ACCOMMODATIONS	5	31	10,010.85	322.93	.090	2002.17	28.93
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	31	10,010.85	322.93	.090	2002.17	28.93
ANCILLARIES	5	0	40,195.15	.00	.000	8039.03	116.17
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13	56	2,239.71	39.99	.162	172.29	6.47
MEDICAL	6	6	404.59	67.43	.017	67.43	1.17
SURGERY	0	0	16.59	.00	.000	.00	.05
PATHOLOGY	3	6	82.35	13.73	.017	27.45	.24
RADIOLOGY	6	14	462.53	33.04	.040	77.09	1.34
ROOM USE	8	9	391.47	43.50	.026	48.93	1.13
CROSSOVERS/ALL OTH OUTPTNT	6	21	882.18	42.01	.061	147.03	2.55
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	17	69	\$	1,093.83	\$ 15.85	.199	\$ 64.34	\$ 3.16
PATHOLOGY	17	69		1,093.83	15.85	.199	64.34	3.16
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	46	87	\$	10,875.72	\$ 125.01	.251	\$ 236.43	\$ 31.43
CLINIC	1	15		204.54	13.64	.043	204.54	.59
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	45	72		10,671.18	148.21	.208	237.14	30.84

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,984  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

346 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11	831	\$ 695.08	\$ .84	2.402	\$ 63.19	\$ 2.01
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	48	418.55	8.72	.139	209.28	1.21
AMBULANCES/AIR TRANS	2	48	418.55	8.72	.139	209.28	1.21
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.003	105.00	.30
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	69.04	8.63	.023	17.26	.20
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	9	78.72	8.75	.026	19.68	.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	765	23.77	.03	2.211	23.77	.07
@CALIF. CHILDREN SERVICES*	0	5CR	\$ 133.79CR	\$ 26.76	.014CR	\$ .00	\$ .39CR
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,985
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 45 MIC - SOC	

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9	24	\$ 3,057.93	\$ 127.41	24.000	\$ 339.77	\$ 3057.93
@PHYSICIANS SERVICES	6	15	\$ 447.88	\$ 29.86	15.000	\$ 74.65	\$ 447.88

OUTPATIENT VISITS	2	2	136.21	68.11	2.000	68.11	136.21
OFFICE VISITS	1	1	28.13	28.13	1.000	28.13	28.13
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	1.000	108.08	108.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	3	186.95	62.32	3.000	93.48	186.95
HOSPITAL VISITS	2	3	186.95	62.32	3.000	93.48	186.95
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	1.79	1.79	1.000	1.79	1.79
RADIOLOGY	2	6	80.92	13.49	6.000	40.46	80.92
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	3	42.01	14.00	3.000	21.01	42.01
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,986  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 45 MIC - SOC      AID CODE

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	3	9	\$ 2,610.05	\$ 290.01	9.000	\$ 870.02	\$ 2610.05
HOSP INPATIENT TOTAL	1	1	2,502.83	2502.83	1.000	2502.83	2502.83
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	1	2,502.83	2502.83	1.000	2502.83	2502.83
ACCOMMODATIONS	1	1	799.00	799.00	1.000	799.00	799.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	799.00	799.00	1.000	799.00	799.00
ANCILLARIES	1	0	1,703.83	.00	.000	1703.83	1703.83
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	8	107.22	13.40	8.000	53.61	107.22
MEDICAL	2	3	17.22	5.74	3.000	8.61	17.22
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	8.02	4.01	2.000	8.02	8.02
RADIOLOGY	1	2	65.19	32.60	2.000	65.19	65.19
ROOM USE	1	1	16.79	16.79	1.000	16.79	16.79
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	2	8	\$ 107.22	\$ 13.40	8.000	\$ 53.61	\$ 107.22
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	8	107.22	13.40	8.000	53.61	107.22
MEDICAL	2	3	17.22	5.74	3.000	8.61	17.22
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	8.02	4.01	2.000	8.02	8.02
RADIOLOGY	1	2	65.19	32.60	2.000	65.19	65.19
ROOM USE	1	1	16.79	16.79	1.000	16.79	16.79
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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----- MONTHLY AVERAGE -----  
01 ELIGIBLES      USERS      UNITS OF SERVICE      EXPENDITURES      AVERAGE COST      UNITS/DAYS      COST PER      COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$	2,502.83	\$ 2502.83	1.000	\$ 2502.83	\$ 2502.83
COMM HOSP INPATIENT TOTAL	1	1		2,502.83	2502.83	1.000	2502.83	2502.83
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1		2,502.83	2502.83	1.000	2502.83	2502.83
ACCOMMODATIONS	1	1		799.00	799.00	1.000	799.00	799.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		799.00	799.00	1.000	799.00	799.00
ANCILLARIES	1	0		1,703.83	.00	.000	1703.83	1703.83
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

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						----- MONTHLY AVERAGE -----		
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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## TRINITY COUNTY

## SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

347 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	144	1,439	\$ 81,382.75	\$ 56.56	4.147	\$ 565.16	\$ 234.53
@PHYSICIANS SERVICES	53	149	\$ 6,979.28	\$ 46.84	.429	\$ 131.68	\$ 20.11
OUTPATIENT VISITS	26	35	1,411.52	40.33	.101	54.29	4.07
OFFICE VISITS	22	30	1,109.16	36.97	.086	50.42	3.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	241.88	60.47	.012	60.47	.70
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.003	60.48	.17
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	32	1,915.14	59.85	.092	239.39	5.52
HOSPITAL VISITS	7	29	1,496.54	51.60	.084	213.79	4.31
CRITICAL CARE	1	3	418.60	139.53	.009	418.60	1.21
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	11	1,230.86	111.90	.032	410.29	3.55
PRINCIPAL SURGEON	2	2	945.31	472.66	.006	472.66	2.72
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	9	285.55	31.73	.026	142.78	.82
OUTPATIENT SURGERY	3	13	492.39	37.88	.037	164.13	1.42
PRINCIPAL SURGEON	2	2	345.00	172.50	.006	172.50	.99
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11	147.39	13.40	.032	147.39	.42
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	5	63.77	12.75	.014	12.75	.18
RADIOLOGY	25	43	1,396.90	32.49	.124	55.88	4.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	10	468.70	46.87	.029	78.12	1.35
@PHARMACY	54	92	\$ 3,227.55	\$ 35.08	.265	\$ 59.77	\$ 9.30
PRESCRIPTION DRUGS	54	92	3,227.55	35.08	.265	59.77	9.30
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	54	92	3,227.55	35.08	.265	59.77	9.30
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	10	25	\$ 756.75	\$ 30.27	.072	\$ 75.68	\$ 2.18
VISITS - DIAGNOSTIC	9	18	443.75	24.65	.052	49.31	1.28
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	71.00	71.00	.003	71.00	.20
RESTORATIVE DENTISTRY	4	6	242.00	40.33	.017	60.50	.70
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

## TRINITY COUNTY

## SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

347 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	8	\$ 180.60	\$ 22.58	.023	\$ 90.30	\$ .52
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.006	47.45	.27
EYE APPLIANCES	2	6	85.70	14.28	.017	42.85	.25
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	7	\$ 479.29	\$ 68.47	.020	\$ 479.29	\$ 1.38
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	40	171	\$ 57,094.65	\$ 333.89	.493	\$ 1427.37	\$ 164.54
HOSP INPATIENT TOTAL	6	32	52,708.83	1647.15	.092	8784.81	151.90
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	6	32	52,708.83	1647.15	.092	8784.81	151.90
ACCOMMODATIONS	6	32	10,809.85	337.81	.092	1801.64	31.15
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	32	10,809.85	337.81	.092	1801.64	31.15
ANCILLARIES	6	0	41,898.98	.00	.000	6983.16	120.75
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	34	139	4,385.82	31.55	.401	128.99	12.64
MEDICAL	21	28	1,137.51	40.63	.081	54.17	3.28
SURGERY	2	3	295.64	98.55	.009	147.82	.85
PATHOLOGY	13	34	389.26	11.45	.098	29.94	1.12
RADIOLOGY	13	24	813.49	33.90	.069	62.58	2.34
ROOM USE	17	19	776.58	40.87	.055	45.68	2.24
CROSSOVERS/ALL OTH OUTPTNT	11	31	973.34	31.40	.089	88.49	2.81
@COUNTY HOSPITAL TOTAL	23	83	\$ 2,146.11	\$ 25.86	.239	\$ 93.31	\$ 6.18
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	23	83	2,146.11	25.86	.239	93.31	6.18
MEDICAL	15	22	732.92	33.31	.063	48.86	2.11
SURGERY	2	3	279.05	93.02	.009	139.53	.80
PATHOLOGY	10	28	306.91	10.96	.081	30.69	.88
RADIOLOGY	7	10	350.96	35.10	.029	50.14	1.01
ROOM USE	9	10	385.11	38.51	.029	42.79	1.11

347 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	88	\$ 54,948.54	\$ 624.42	.254	\$ 2892.03	\$ 158.35
COMM HOSP INPATIENT TOTAL	6	32	52,708.83	1647.15	.092	8784.81	151.90
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	6	32	52,708.83	1647.15	.092	8784.81	151.90
ACCOMMODATIONS	6	32	10,809.85	337.81	.092	1801.64	31.15
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	32	10,809.85	337.81	.092	1801.64	31.15
ANCILLARIES	6	0	41,898.98	.00	.000	6983.16	120.75
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13	56	2,239.71	39.99	.161	172.29	6.45
MEDICAL	6	6	404.59	67.43	.017	67.43	1.17
SURGERY	0	0	16.59	.00	.000	.00	.05
PATHOLOGY	3	6	82.35	13.73	.017	27.45	.24
RADIOLOGY	6	14	462.53	33.04	.040	77.09	1.33
ROOM USE	8	9	391.47	43.50	.026	48.93	1.13
CROSSOVERS/ALL OTH OUTPTNT	6	21	882.18	42.01	.061	147.03	2.54
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	17	69	\$ 1,093.83	\$ 15.85	.199	\$ 64.34	\$ 3.15
PATHOLOGY	17	69	1,093.83	15.85	.199	64.34	3.15
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	46	87	\$ 10,875.72	\$ 125.01	.251	\$ 236.43	\$ 31.34
CLINIC	1	15	204.54	13.64	.043	204.54	.59
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	45	72	10,671.18	148.21	.207	237.14	30.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 15,992
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN						

347 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11	831	\$ 695.08	\$ .84	2.395	\$ 63.19	\$ 2.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	48	418.55	8.72	.138	209.28	1.21
AMBULANCES/AIR TRANS	2	48	418.55	8.72	.138	209.28	1.21
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.003	105.00	.30
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	69.04	8.63	.023	17.26	.20
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	9	78.72	8.75	.026	19.68	.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	765	23.77	.03	2.205	23.77	.07
@CALIF. CHILDREN SERVICES*	0	5CR	\$ 133.79CR	\$ 26.76	.014CR\$	.00	\$ .39CR

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 15,993  
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,994  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,995  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
 TRINITY COUNTY      SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 15,996  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,997
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT	AID CODE

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6	16	\$ 539.15	\$ 33.70	5.333	\$ 89.86	\$ 179.72
@PHYSICIANS SERVICES	3	4	\$ 120.17	\$ 30.04	1.333	\$ 40.06	\$ 40.06
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	2	83.57	41.79	.667	83.57	27.86
HOSPITAL VISITS	1	2	83.57	41.79	.667	83.57	27.86
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	36.60	18.30	.667	18.30	12.20
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	2	\$ 9.38	\$ 4.69	.667	\$ 9.38	\$ 3.13
PRESCRIPTION DRUGS	1	2	9.38	4.69	.667	9.38	3.13
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	2	9.38	4.69	.667	9.38	3.13
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 15,998
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT	

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	4	8	\$ 265.12	\$ 33.14	2.667	\$ 66.28	\$ 88.37
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	8	265.12	33.14	2.667	66.28	88.37
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	55.66	27.83	.667	27.83	18.55
ROOM USE	2	2	61.80	30.90	.667	30.90	20.60
CROSSOVERS/ALL OTH OUTPTNT	2	4	147.66	36.92	1.333	73.83	49.22
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 15,999
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT						AID CODE
					----- MONTHLY AVERAGE -----		
03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	8	\$ 265.12	\$ 33.14	2.667	\$ 66.28	\$ 88.37
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	8	265.12	33.14	2.667	66.28	88.37
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	55.66	27.83	.667	27.83	18.55
ROOM USE	2	2	61.80	30.90	.667	30.90	20.60
CROSSOVERS/ALL OTH OUTPTNT	2	4	147.66	36.92	1.333	73.83	49.22
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	144.48	\$	72.24	.667	\$ 72.24	\$ 48.16
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2		144.48		72.24	.667	72.24	48.16

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,000  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT      AID CODE

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 16,001
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC	

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6	16	\$ 539.15	\$ 33.70	5.333	\$ 89.86	\$ 179.72
@PHYSICIANS SERVICES	3	4	\$ 120.17	\$ 30.04	1.333	\$ 40.06	\$ 40.06

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	2	83.57	41.79	.667	83.57	27.86
HOSPITAL VISITS	1	2	83.57	41.79	.667	83.57	27.86
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	36.60	18.30	.667	18.30	12.20
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	2	\$ 9.38	\$ 4.69	.667	\$ 9.38	\$ 3.13
PRESCRIPTION DRUGS	1	2	9.38	4.69	.667	9.38	3.13
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	2	9.38	4.69	.667	9.38	3.13
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,002  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@TOTAL HOSPITAL	4	8	\$ 265.12	\$ 33.14	2.667 \$	66.28 \$	88.37
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	8	265.12	33.14	2.667	66.28	88.37
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	55.66	27.83	.667	27.83	18.55
ROOM USE	2	2	61.80	30.90	.667	30.90	20.60

CROSSOVERS/ALL OTH OUTPTNT	2	4		147.66		36.92		1.333		73.83		49.22
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00		.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00		.000		.00		.00
HSC HOSPITALS	0	0		.00		.00		.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00		.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00		.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00		.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00		.000		.00		.00
ANCILLARIES	0	0		.00		.00		.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00		.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00		.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00		.000		.00		.00
MEDICAL	0	0		.00		.00		.000		.00		.00
SURGERY	0	0		.00		.00		.000		.00		.00
PATHOLOGY	0	0		.00		.00		.000		.00		.00
RADIOLOGY	0	0		.00		.00		.000		.00		.00
ROOM USE	0	0		.00		.00		.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00		.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,003  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	8	\$ 265.12	\$ 33.14	2.667	\$ 66.28	\$ 88.37
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	8	265.12	33.14	2.667	66.28	88.37
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	55.66	27.83	.667	27.83	18.55
ROOM USE	2	2	61.80	30.90	.667	30.90	20.60
CROSSOVERS/ALL OTH OUTPTNT	2	4	147.66	36.92	1.333	73.83	49.22
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	144.48	\$	72.24	.667	\$ 72.24	\$ 48.16
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2		144.48		72.24	.667	72.24	48.16

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,004  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

## TRINITY COUNTY

## SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

## AID CODE

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9	448	\$ 51,017.85	\$ 113.88	74.667	\$ 5668.65	\$ 8502.98
@PHYSICIANS SERVICES	3	2CR	\$ 16.40	\$ 8.20CR	.333CR	\$ 5.47	\$ 2.73
OUTPATIENT VISITS	1	2	105.40	52.70	.333	105.40	17.57
OFFICE VISITS	1	2	105.40	52.70	.333	105.40	17.57
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	5CR	133.00CR	26.60	.833CR	66.50CR	22.17CR
HOSPITAL VISITS	0	7CR	252.00CR	36.00	1.167CR	.00	42.00CR
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	119.00	59.50	.333	59.50	19.83
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	44.00	44.00	.167	44.00	7.33
@PHARMACY	1	18	\$ 584.18	\$ 32.45	3.000	\$ 584.18	\$ 97.36
PRESCRIPTION DRUGS	1	14	459.60	32.83	2.333	459.60	76.60
SNF/ICF	1	11	385.38	35.03	1.833	385.38	64.23
OUTPATIENTS	1	3	74.22	24.74	.500	74.22	12.37
MEDICAL SUPPLIES	1	4	124.58	31.15	.667	124.58	20.76
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

## TRINITY COUNTY

## SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

## AID CODE

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	1	7	\$ 101.12	\$ 14.45	1.167	\$ 101.12	\$ 16.85
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	7	101.12	14.45	1.167	101.12	16.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	7.97	3.99	.333	7.97	1.33
RADIOLOGY	0	0	5.38	.00	.000	.00	.90
ROOM USE	1	2	56.99	28.50	.333	56.99	9.50
CROSSOVERS/ALL OTH OUTPTNT	1	3	30.78	10.26	.500	30.78	5.13
@COUNTY HOSPITAL TOTAL	1	7	\$ 87.14	\$ 12.45	1.167	\$ 87.14	\$ 14.52
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	7	87.14	12.45	1.167	87.14	14.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	6.98	3.49	.333	6.98	1.16
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	49.38	24.69	.333	49.38	8.23

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ 13.98	\$ .00	.000	\$ .00	\$ 2.33
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	13.98	.00	.000	.00	2.33
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.99	.00	.000	.00	.17
RADIOLOGY	0	0	5.38	.00	.000	.00	.90
ROOM USE	0	0	7.61	.00	.000	.00	1.27
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	5	236	\$ 49,113.66	\$ 208.11	39.333	\$ 9822.73	\$ 8185.61
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	236		49,113.66	208.11	39.333	9822.73	8185.61
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	38.00	\$ 38.00	.167	\$ 38.00	\$ 6.33
PATHOLOGY	1	1		38.00	38.00	.167	38.00	6.33
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	8.88	\$ .00	.000	\$ .00	\$ 1.48
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		8.88	.00	.000	.00	1.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 16,008
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC							

						AID CODE		----- MONTHLY AVERAGE -----	
06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	3	188	\$ 1,155.61	\$ 6.15	31.333	\$ 385.20	\$ 192.60		
DURABLE MED. EQUIP.	2	2	368.14	184.07	.333	184.07	61.36		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	1	186	787.47	4.23	31.000	787.47	131.25		
AMBULANCES/AIR TRANS	1	186	787.47	4.23	31.000	787.47	131.25		
OTHER TRANS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	0	0	.00	.00	.000	.00	.00		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00		
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00		
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,009  
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,010  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,011  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,012  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 16,013

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

TRINITY COUNTY

SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	9	448	\$ 51,017.85	\$ 113.88	74.667	\$ 5668.65	\$ 8502.98
@PHYSICIANS SERVICES	3	2CR	\$ 16.40	\$ 8.20CR	.333CR	\$ 5.47	\$ 2.73
OUTPATIENT VISITS	1	2	105.40	52.70	.333	105.40	17.57
OFFICE VISITS	1	2	105.40	52.70	.333	105.40	17.57
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	5CR	133.00CR	26.60	.833CR	66.50CR	22.17CR
HOSPITAL VISITS	0	7CR	252.00CR	36.00	1.167CR	.00	42.00CR
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	119.00	59.50	.333	59.50	19.83
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	44.00	44.00	.167	44.00	7.33
@PHARMACY	1	18	\$ 584.18	\$ 32.45	3.000	\$ 584.18	\$ 97.36
PRESCRIPTION DRUGS	1	14	459.60	32.83	2.333	459.60	76.60
SNF/ICF	1	11	385.38	35.03	1.833	385.38	64.23
OUTPATIENTS	1	3	74.22	24.74	.500	74.22	12.37
MEDICAL SUPPLIES	1	4	124.58	31.15	.667	124.58	20.76
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,014  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1	7	\$ 101.12	\$ 14.45	1.167	\$ 101.12	\$ 16.85
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	7	101.12	14.45	1.167	101.12	16.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	7.97	3.99	.333	7.97	1.33
RADIOLOGY	0	0	5.38	.00	.000	.00	.90
ROOM USE	1	2	56.99	28.50	.333	56.99	9.50
CROSSOVERS/ALL OTH OUTPTNT	1	3	30.78	10.26	.500	30.78	5.13
@COUNTY HOSPITAL TOTAL	1	7	\$ 87.14	\$ 12.45	1.167	\$ 87.14	\$ 14.52
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	7	87.14	12.45	1.167	87.14	14.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	6.98	3.49	.333	6.98	1.16
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	49.38	24.69	.333	49.38	8.23
CROSSOVERS/ALL OTH OUTPTNT	1	3	30.78	10.26	.500	30.78	5.13

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,015  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ 13.98	\$ .00	.000 \$ .00 \$ 2.33
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	0	0	13.98	.00	.000 .00 2.33
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.99	.00	.000 .00 .17
RADIOLOGY	0	0	5.38	.00	.000 .00 .90
ROOM USE	0	0	7.61	.00	.000 .00 1.27
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000 .00 .00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	5	236	\$ 49,113.66	\$ 208.11	39.333 \$ 9822.73 \$ 8185.61
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	5	236	49,113.66	208.11	39.333 9822.73 8185.61
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00 .00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00

INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	1	1	\$	38.00	\$	38.00		.167	\$	38.00	\$	6.33
PATHOLOGY	1	1		38.00		38.00		.167		38.00		6.33
XO AND OTHERS	0	0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	8.88	\$	.00		.000	\$	.00	\$	1.48
CLINIC	0	0		.00		.00		.000		.00		.00
SURGICENTER	0	0		.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	0	0		8.88		.00		.000		.00		1.48

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,016  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	188	\$ 1,155.61	\$ 6.15	31.333	\$ 385.20	\$ 192.60
DURABLE MED. EQUIP.	2	2	368.14	184.07	.333	184.07	61.36
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	186	787.47	4.23	31.000	787.47	131.25
AMBULANCES/AIR TRANS	1	186	787.47	4.23	31.000	787.47	131.25
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 16,017
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 53 FOR FUTURE USE	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,018  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,019  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

TRINITY COUNTY      SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 16,020
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 53 FOR FUTURE USE										

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

## TRINITY COUNTY

## SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15	464	\$ 51,557.00	\$ 111.11	51.556	\$ 3437.13	\$ 5728.56
@PHYSICIANS SERVICES	6	2	\$ 136.57	\$ 68.29	.222	\$ 22.76	\$ 15.17
OUTPATIENT VISITS	1	2	105.40	52.70	.222	105.40	11.71
OFFICE VISITS	1	2	105.40	52.70	.222	105.40	11.71
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	3CR	49.43CR	16.48	.333CR	16.48CR	5.49CR
HOSPITAL VISITS	1	5CR	168.43CR	33.69	.556CR	168.43CR	18.71CR
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	119.00	59.50	.222	59.50	13.22
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	36.60	18.30	.222	18.30	4.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	44.00	44.00	.111	44.00	4.89
@PHARMACY	2	20	\$ 593.56	\$ 29.68	2.222	\$ 296.78	\$ 65.95
PRESCRIPTION DRUGS	2	16	468.98	29.31	1.778	234.49	52.11
SNF/ICF	1	11	385.38	35.03	1.222	385.38	42.82
OUTPATIENTS	2	5	83.60	16.72	.556	41.80	9.29
MEDICAL SUPPLIES	1	4	124.58	31.15	.444	124.58	13.84
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

## TRINITY COUNTY

## SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
@TOTAL HOSPITAL	5	15	\$ 366.24	\$ 24.42	1.667		\$ 73.25	\$ 40.69
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

HOSP OUTPATIENT TOTAL	5	15	366.24	24.42	1.667	73.25	40.69
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	7.97	3.99	.222	7.97	.89
RADIOLOGY	2	2	61.04	30.52	.222	30.52	6.78
ROOM USE	3	4	118.79	29.70	.444	39.60	13.20
CROSSOVERS/ALL OTH OUTPTNT	3	7	178.44	25.49	.778	59.48	19.83
@COUNTY HOSPITAL TOTAL	1	7	\$ 87.14	\$ 12.45	.778	\$ 87.14	\$ 9.68
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	7	87.14	12.45	.778	87.14	9.68
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	6.98	3.49	.222	6.98	.78
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	49.38	24.69	.222	49.38	5.49
CROSSOVERS/ALL OTH OUTPTNT	1	3	30.78	10.26	.333	30.78	3.42
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
TRINITY COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS						

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01/17/03

					----- MONTHLY AVERAGE -----			
09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	4	8	\$ 279.10	\$ 34.89	.889	\$ 69.78	\$ 31.01	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	4	8	279.10	34.89	.889	69.78	31.01	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.99	.00	.000	.00	.11	
RADIOLOGY	2	2	61.04	30.52	.222	30.52	6.78	
ROOM USE	2	2	69.41	34.71	.222	34.71	7.71	
CROSSOVERS/ALL OTH OUTPTNT	2	4	147.66	36.92	.444	73.83	16.41	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	5	236	\$ 49,113.66	\$ 208.11	26.222	\$ 9822.73	\$ 5457.07	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	236		49,113.66	208.11	26.222	9822.73	5457.07
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	38.00	\$ 38.00	.111	\$ 38.00	\$ 4.22
PATHOLOGY	1	1		38.00	38.00	.111	38.00	4.22
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	153.36	\$ 76.68	.222	\$ 76.68	\$ 17.04
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2		153.36	76.68	.222	76.68	17.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 16,024
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS							

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	188	\$ 1,155.61	\$ 6.15	20.889	\$ 385.20	\$ 128.40
DURABLE MED. EQUIP.	2	2	368.14	184.07	.222	184.07	40.90
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	186	787.47	4.23	20.667	787.47	87.50
AMBULANCES/AIR TRANS	1	186	787.47	4.23	20.667	787.47	87.50
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,025  
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
 TRINITY COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	2,740 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,150	37,356	\$	2,752,246.84	\$ 73.68	13.634	\$ 1280.11	\$ 1004.47
@PHYSICIANS SERVICES	450	1,334	\$	18,936.61	\$ 14.20	.487	\$ 42.08	\$ 6.91
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	450	1,334		18,936.61	14.20	.487	42.08	6.91
@PHARMACY	1,741	11,265	\$	557,990.12	\$ 49.53	4.111	\$ 320.50	\$ 203.65
PRESCRIPTION DRUGS	1,725	8,515		541,937.07	63.64	3.108	314.17	197.79
SNF/ICF	230	1,988		96,988.56	48.79	.726	421.69	35.40
OUTPATIENTS	1,497	6,527		444,948.51	68.17	2.382	297.23	162.39
MEDICAL SUPPLIES	124	2,750		16,053.05	5.84	1.004	129.46	5.86
@DENTIST	94	255	\$	18,799.75	\$ 73.72	.093	\$ 200.00	\$ 6.86
VISITS - DIAGNOSTIC	55	123		2,043.00	16.61	.045	37.15	.75
ORAL SURGERY	11	41		1,249.00	30.46	.015	113.55	.46
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		400.00	200.00	.001	200.00	.15
ENDODONTICS	7	9		1,870.00	207.78	.003	267.14	.68
RESTORATIVE DENTISTRY	21	35		4,439.00	126.83	.013	211.38	1.62
PROSTHETICS	1	2		30.00	15.00	.001	30.00	.01
DENTURES, STAYPLATES	29	43		8,768.75	203.92	.016	302.37	3.20
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 55 ALL AGED

	2,740 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	39		108	\$ 2,534.62	\$ 23.47	.039	\$ 64.99	\$ .93
DIAGNOSTIC AND ANC. PROCED	18		18	814.66	45.26	.007	45.26	.30
EYE APPLIANCES	30		84	1,535.59	18.28	.031	51.19	.56
OTHER OPTOMETRIC SERVICES	6		6	184.37	30.73	.002	30.73	.07
@CHIROPRACTOR	0		0	.00	.00	.000	.00	.00
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	14		18	\$ 227.75	\$ 12.65	.007	\$ 16.27	\$ .08
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	14		18	227.75	12.65	.007	16.27	.08
@HOME HEALTH AGENCY	0		0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0		0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0		0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	149		735	\$ 44,841.05	\$ 61.01	.268	\$ 300.95	\$ 16.37
HOSP INPATIENT TOTAL	50		206	29,469.18	143.05	.075	589.38	10.76
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	50		206	29,469.18	143.05	.075	589.38	10.76
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	103		529	15,371.87	29.06	.193	149.24	5.61
MEDICAL	2		2	149.35	74.68	.001	74.68	.05
SURGERY	1		1	.00	.00	.000	.00	.00
PATHOLOGY	2		27	181.92	6.74	.010	90.96	.07
RADIOLOGY	1		2	278.83	139.42	.001	278.83	.10
ROOM USE	2		4	49.47	12.37	.001	24.74	.02
CROSSOVERS/ALL OTH OUTPTNT	103		493	14,712.30	29.84	.180	142.84	5.37
@COUNTY HOSPITAL TOTAL	61		261	\$ 14,955.47	\$ 57.30	.095	\$ 245.17	\$ 5.46
CO HOSPITAL INPATIENT TOTAL	17		93	11,320.48	121.73	.034	665.91	4.13
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	17		93	11,320.48	121.73	.034	665.91	4.13
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	45	168	3,634.99	21.64	.061	80.78	1.33
MEDICAL	1	1	149.35	149.35	.000	149.35	.05
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	23	181.92	7.91	.008	181.92	.07
RADIOLOGY	1	2	278.83	139.42	.001	278.83	.10
ROOM USE	1	1	49.47	49.47	.000	49.47	.02
CROSSOVERS/ALL OTH OUTPTNT	45	141	2,975.42	21.10	.051	66.12	1.09

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 TRINITY COUNTY      SUMMARY OF SERVICES FOR 55 ALL AGED

	2,740 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	91		474	\$ 29,885.58	\$ 63.05	.173	\$ 328.41	\$ 10.91
COMM HOSP INPATIENT TOTAL	33		113	18,148.70	160.61	.041	549.96	6.62
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	33		113	18,148.70	160.61	.041	549.96	6.62
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	61		361	11,736.88	32.51	.132	192.41	4.28
MEDICAL	1		1	.00	.00	.000	.00	.00
SURGERY	1		1	.00	.00	.000	.00	.00
PATHOLOGY	1		4	.00	.00	.001	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	1		3	.00	.00	.001	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	61		352	11,736.88	33.34	.128	192.41	4.28
@STATE HOSPITAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	375	11,158	\$ 2,032,817.81	\$ 182.18	4.072	\$ 5420.85	\$ 741.90
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	3	1,644.90	548.30	.001	1644.90	.60
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	374	11,155	2,031,172.91	182.09	4.071	5430.94	741.30
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	19	29	\$ 196.19	\$ 6.77	.011	\$ 10.33	\$ .07
PATHOLOGY	1	1	60.25	60.25	.000	60.25	.02
XO AND OTHERS	18	28	135.94	4.86	.010	7.55	.05
@ORGANIZED OUTPATIENT CLINIC	262	428	\$ 23,421.98	\$ 54.72	.156	\$ 89.40	\$ 8.55
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	9	12	2,321.48	193.46	.004	257.94	.85
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	253	416	21,100.50	50.72	.152	83.40	7.70

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 55 ALL AGED

	2,740 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER PER ELIG      USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	472	12,026	\$ 52,480.96	\$ 4.36	4.389	\$ 111.19	\$ 19.15
DURABLE MED. EQUIP.	18	53	10,483.41	197.80	.019	582.41	3.83
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	22	34	6,541.63	192.40	.012	297.35	2.39
MEDICAL TRANSPORTATION	76	1,639	8,114.72	4.95	.598	106.77	2.96
AMBULANCES/AIR TRANS	1	1	107.16	107.16	.000	107.16	.04
OTHER TRANS	17	348	1,766.39	5.08	.127	103.91	.64
OTHER SERVICES	64	1,290	6,241.17	4.84	.471	97.52	2.28
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	43	94	1,168.99	12.44	.034	27.19	.43
PHYSICAL THERAPIST	2	5	26.09	5.22	.002	13.05	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	13	435.50	33.50	.005	72.58	.16
PROSTHETICS	6	13	435.50	33.50	.005	72.58	.16
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	5	536.40	107.28	.002	536.40	.20
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	347	10,183	25,174.22	2.47	3.716	72.55	9.19
@CALIF. CHILDREN SERVICES*	2	7	\$ 978.60	\$ 139.80	.003	\$ 489.30	\$ .36
@XOVER EXCLUDING STATE HOSP**	870	6,706	\$ 162,009.15	\$ 24.16	2.447	\$ 186.22	\$ 59.13

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

TRINITY COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	114	2,157	\$ 57,087.21	\$ 26.47	13.152	\$ 500.77	\$ 348.09
@PHYSICIANS SERVICES	30	65	\$ 2,284.31	\$ 35.14	.396	\$ 76.14	\$ 13.93
OUTPATIENT VISITS	10	14	518.79	37.06	.085	51.88	3.16
OFFICE VISITS	9	13	450.44	34.65	.079	50.05	2.75
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.006	68.35	.42
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	3	148.80	49.60	.018	148.80	.91
HOSPITAL VISITS	1	3	148.80	49.60	.018	148.80	.91
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	94.94	47.47	.012	47.47	.58
EXAMINATIONS	2	2	94.94	47.47	.012	47.47	.58
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	485.48	242.74	.012	242.74	2.96
PRINCIPAL SURGEON	2	2	485.48	242.74	.012	242.74	2.96
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	12.78	12.78	.006	12.78	.08
RADIOLOGY	6	6	64.87	10.81	.037	10.81	.40
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	19	37	958.65	25.91	.226	50.46	5.85
@PHARMACY	96	1,252	\$ 22,206.19	\$ 17.74	7.634	\$ 231.31	\$ 135.40
PRESCRIPTION DRUGS	91	331	18,672.46	56.41	2.018	205.19	113.86
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	91	331	18,672.46	56.41	2.018	205.19	113.86
MEDICAL SUPPLIES	18	921	3,533.73	3.84	5.616	196.32	21.55
@DENTIST	7	36	\$ 1,127.00	\$ 31.31	.220	\$ 161.00	\$ 6.87
VISITS - DIAGNOSTIC	5	17	202.00	11.88	.104	40.40	1.23
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.006	215.00	1.31
RESTORATIVE DENTISTRY	2	6	307.00	51.17	.037	153.50	1.87
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	12	403.00	33.58	.073	403.00	2.46
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,030  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 56 ALL BLIND

164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	9	\$ 321.06	\$ 35.67	.055	\$ 107.02	\$ 1.96
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.012	47.45	.58
EYE APPLIANCES	3	7	226.16	32.31	.043	75.39	1.38
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 6.29	\$ 6.29	.006	\$ 6.29	\$ .04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	6.29	6.29	.006	6.29	.04
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	4	85.80	21.45	.024	28.60	.52
@TOTAL HOSPITAL	26	253	\$ 11,190.72	\$ 44.23	1.543	\$ 430.41	\$ 68.24
HOSP INPATIENT TOTAL	2	13	6,855.92	527.38	.079	3427.96	41.80
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	6,835.92	2278.64	.018	6835.92	41.68
ACCOMMODATIONS	1	3	1,687.50	562.50	.018	1687.50	10.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,687.50	562.50	.018	1687.50	10.29
ANCILLARIES	1	0	5,148.42	.00	.000	5148.42	31.39
INPATIENT CROSSOVERS	1	10	20.00	2.00	.061	20.00	.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	25	240	4,334.80	18.06	1.463	173.39	26.43
MEDICAL	18	28	1,429.10	51.04	.171	79.39	8.71
SURGERY	1	1	105.42	105.42	.006	105.42	.64
PATHOLOGY	11	49	491.91	10.04	.299	44.72	3.00
RADIOLOGY	5	5	161.35	32.27	.030	32.27	.98
ROOM USE	14	31	1,037.44	33.47	.189	74.10	6.33
CROSSOVERS/ALL OTH OUTPTNT	8	126	1,109.58	8.81	.768	138.70	6.77
@COUNTY HOSPITAL TOTAL	14	104	\$ 9,312.11	\$ 89.54	.634	\$ 665.15	\$ 56.78
CO HOSPITAL INPATIENT TOTAL	1	3	6,835.92	2278.64	.018	6835.92	41.68
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	6,835.92	2278.64	.018	6835.92	41.68
ACCOMMODATIONS	1	3	1,687.50	562.50	.018	1687.50	10.29

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,687.50	562.50	.018	1687.50	10.29
ANCILLARIES	1	0	5,148.42	.00	.000	5148.42	31.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	101	2,476.19	24.52	.616	176.87	15.10
MEDICAL	13	18	1,084.06	60.23	.110	83.39	6.61
SURGERY	1	1	105.42	105.42	.006	105.42	.64
PATHOLOGY	9	44	422.16	9.59	.268	46.91	2.57
RADIOLOGY	4	4	132.66	33.17	.024	33.17	.81
ROOM USE	6	7	389.34	55.62	.043	64.89	2.37
CROSSOVERS/ALL OTH OUTPTNT	5	27	342.55	12.69	.165	68.51	2.09

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 56 ALL BLIND

164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	149	\$ 1,878.61	\$ 12.61	.909 \$ 144.51 \$ 11.45
COMM HOSP INPATIENT TOTAL	1	10	20.00	2.00	.061 20.00 .12
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	1	10	20.00	2.00	.061 20.00 .12
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	12	139	1,858.61	13.37	.848 154.88 11.33
MEDICAL	5	10	345.04	34.50	.061 69.01 2.10
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	2	5	69.75	13.95	.030 34.88 .43
RADIOLOGY	1	1	28.69	28.69	.006 28.69 .17
ROOM USE	9	24	648.10	27.00	.146 72.01 3.95
CROSSOVERS/ALL OTH OUTPTNT	3	99	767.03	7.75	.604 255.68 4.68
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	1	0	\$ 2,574.00	\$ .00	.000 \$ 2574.00 \$ 15.70
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	1	0	2,574.00	.00	.000 2574.00 15.70
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00 .00
@REHABILITATION FACILITY	1	2	\$ 42.38	\$ 21.19	.012 \$ 42.38 \$ .26
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00

INDEPENDENT FACILITY	1	2		42.38		21.19	.012	42.38	.26
@LABORATORY FACILITY	9	28	\$	545.33	\$	19.48	.171	\$ 60.59	\$ 3.33
PATHOLOGY	9	28		545.33		19.48	.171	60.59	3.33
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	11	17	\$	1,566.47	\$	92.15	.104	\$ 142.41	\$ 9.55
CLINIC	2	4		57.95		14.49	.024	28.98	.35
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	9	13		1,508.52		116.04	.079	167.61	9.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
TRINITY COUNTY	SUMMARY OF SERVICES FOR 56 ALL BLIND								

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164 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	29	490	\$ 15,137.66	\$ 30.89	2.988	\$ 521.99	\$ 92.30
DURABLE MED. EQUIP.	3	67	8,988.55	134.16	.409	2996.18	54.81
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	12	1,796.39	149.70	.073	299.40	10.95
MEDICAL TRANSPORTATION	5	221	1,999.52	9.05	1.348	399.90	12.19
AMBULANCES/AIR TRANS	4	105	900.42	8.58	.640	225.11	5.49
OTHER TRANS	1	116	1,099.10	9.48	.707	1099.10	6.70
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	47.60	7.93	.037	23.80	.29
PHYSICAL THERAPIST	6	25	350.93	14.04	.152	58.49	2.14
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8		264.97	33.12	.049	66.24	1.62
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	118		1,476.68	12.51	.720	492.23	9.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	33		213.02	6.46	.201	71.01	1.30
@CALIF. CHILDREN SERVICES*	9	47	\$	8,686.43	\$ 184.82	.287	\$ 965.16	\$ 52.97
@XOVER EXCLUDING STATE HOSP**	19	161	\$	4,111.92	\$ 25.54	.982	\$ 216.42	\$ 25.07

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,033  
 MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
 TRINITY COUNTY      SUMMARY OF SERVICES FOR 57 ALL DISABLED

	7,391 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,789	100,382	\$	4,469,733.58	\$ 44.53	13.582	\$ 772.11	\$ 604.75
@PHYSICIANS SERVICES	1,908	7,408	\$	285,841.34	\$ 38.59	1.002	\$ 149.81	\$ 38.67
OUTPATIENT VISITS	909	1,494		54,469.07	36.46	.202	59.92	7.37
OFFICE VISITS	800	1,248		41,413.40	33.18	.169	51.77	5.60
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	124	155		9,090.08	58.65	.021	73.31	1.23
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	16	52		2,314.11	44.50	.007	144.63	.31
OTHER OUTPATIENT	29	39		1,651.48	42.35	.005	56.95	.22
INPATIENT VISITS	121	468		24,256.17	51.83	.063	200.46	3.28
HOSPITAL VISITS	110	423		19,512.79	46.13	.057	177.39	2.64
CRITICAL CARE	15	37		4,498.38	121.58	.005	299.89	.61
SNF/ICF/TRANS IP CARE	5	8		245.00	30.63	.001	49.00	.03
OPHTHALMOLOGICAL SERVICES	30	33		1,519.53	46.05	.004	50.65	.21
EXAMINATIONS	30	32		1,484.24	46.38	.004	49.47	.20
SERVICES AND MATERIALS	1	1		35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	52	300		35,774.17	119.25	.041	687.96	4.84
PRINCIPAL SURGEON	39	59		28,319.91	480.00	.008	726.15	3.83
ASSISTANT SURGEON	12	15		2,544.18	169.61	.002	212.02	.34
ANESTHESIOLOGIST	16	226		4,910.08	21.73	.031	306.88	.66
OUTPATIENT SURGERY	157	337		38,735.68	114.94	.046	246.72	5.24
PRINCIPAL SURGEON	142	208		35,267.28	169.55	.028	248.36	4.77
ASSISTANT SURGEON	2	2		236.42	118.21	.000	118.21	.03
ANESTHESIOLOGIST	23	127		3,231.98	25.45	.017	140.52	.44
DIALYSIS	10	58		5,308.64	91.53	.008	530.86	.72
PATHOLOGY	137	245		2,608.98	10.65	.033	19.04	.35
RADIOLOGY	517	955		47,976.92	50.24	.129	92.80	6.49
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	60	598		7,529.07	12.59	.081	125.48	1.02
OTHER SERVICES/ALL X-OVERS	884	2,920		67,663.11	23.17	.395	76.54	9.15
@PHARMACY	4,932	32,041	\$	2,011,583.75	\$ 62.78	4.335	\$ 407.86	\$ 272.17
PRESCRIPTION DRUGS	4,896	22,609		1,949,731.31	86.24	3.059	398.23	263.80
SNF/ICF	61	413		30,163.83	73.04	.056	494.49	4.08
OUTPATIENTS	4,839	22,196		1,919,567.48	86.48	3.003	396.69	259.72

7,391 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	181	538	\$ 12,508.59	\$ 23.25	.073	\$ 69.11	\$ 1.69
DIAGNOSTIC AND ANC. PROCED	119	118	5,381.99	45.61	.016	45.23	.73
EYE APPLIANCES	144	404	6,809.58	16.86	.055	47.29	.92
OTHER OPTOMETRIC SERVICES	10	16	317.02	19.81	.002	31.70	.04
@CHIROPRACTOR	29	43	\$ 718.96	\$ 16.72	.006	\$ 24.79	\$ .10
VISITS	28	39	652.08	16.72	.005	23.29	.09
OTHER SERVICES	1	4	66.88	16.72	.001	66.88	.01
@PODIATRIST	16	21	\$ 771.08	\$ 36.72	.003	\$ 48.19	\$ .10
MEDICINE/INJECTIONS	8	8	239.60	29.95	.001	29.95	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	10	13	531.48	40.88	.002	53.15	.07
@HOME HEALTH AGENCY	30	246	\$ 16,578.79	\$ 67.39	.033	\$ 552.63	\$ 2.24
NURSE ANESTHESIST	3	23	\$ 357.71	\$ 15.55	.003	\$ 119.24	\$ .05
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	2	2	\$ 71.80	\$ 35.90	.000	\$ 35.90	\$ .01
@TOTAL HOSPITAL	1,337	8,101	\$ 1,493,203.95	\$ 184.32	1.096	\$ 1116.83	\$ 202.03
HOSP INPATIENT TOTAL	143	791	1,289,327.82	1630.00	.107	9016.28	174.45
HSC HOSPITALS	2	11	15,185.00	1380.45	.001	7592.50	2.05
NON-HSC HOSPITAL TOTAL	92	515	1,239,990.36	2407.75	.070	13478.16	167.77
ACCOMMODATIONS	90	515	250,096.55	485.62	.070	2778.85	33.84
ADMINISTRATIVE DAYS	0	0	34.60CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	90	515	250,131.15	485.69	.070	2779.24	33.84
ANCILLARIES	92	0	989,893.81	.00	.000	10759.72	133.93
INPATIENT CROSSOVERS	49	265	34,152.46	128.88	.036	696.99	4.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,253	7,310	203,876.13	27.89	.989	162.71	27.58
MEDICAL	431	826	39,696.96	48.06	.112	92.10	5.37
SURGERY	156	203	10,655.00	52.49	.027	68.30	1.44
PATHOLOGY	597	2,795	32,304.48	11.56	.378	54.11	4.37
RADIOLOGY	348	562	43,759.65	77.86	.076	125.75	5.92
ROOM USE	446	736	36,874.56	50.10	.100	82.68	4.99

CROSSEOVERS/ALL OTH OUTPTNT	570	2,188		40,585.48	18.55	.296	71.20	5.49	
@COUNTY HOSPITAL TOTAL	867	4,652	\$	431,120.93	\$ 92.67	.629	\$ 497.26	\$ 58.33	
CO HOSPITAL INPATIENT TOTAL	62	195		308,050.08	1579.74	.026	4968.55	41.68	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	44	140		294,416.43	2102.97	.019	6691.28	39.83	
ACCOMMODATIONS	43	140		73,651.50	526.08	.019	1712.83	9.97	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	43	140		73,651.50	526.08	.019	1712.83	9.97	
ANCILLARIES	44	0		220,764.93	.00	.000	5017.38	29.87	
INPATIENT CROSSEOVERS	18	55		13,633.65	247.88	.007	757.43	1.84	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	834	4,457		123,070.85	27.61	.603	147.57	16.65	
MEDICAL	335	639		31,564.70	49.40	.086	94.22	4.27	
SURGERY	106	150		8,348.36	55.66	.020	78.76	1.13	
PATHOLOGY	448	1,978		22,426.48	11.34	.268	50.06	3.03	
RADIOLOGY	229	306		24,463.36	79.95	.041	106.83	3.31	
ROOM USE	287	460		23,363.33	50.79	.062	81.41	3.16	
CROSSEOVERS/ALL OTH OUTPTNT	300	924		12,904.62	13.97	.125	43.02	1.75	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 16,035
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED								

	7,391 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	569	3,449	\$	1,062,083.02	\$ 307.94	.467	\$ 1866.58	\$ 143.70
COMM HOSP INPATIENT TOTAL	87	596		981,277.74	1646.44	.081	11279.05	132.77
HSC HOSPITALS	2	11		15,185.00	1380.45	.001	7592.50	2.05
NON-HSC HOSPITALS TOTAL	54	375		945,573.93	2521.53	.051	17510.63	127.94
ACCOMMODATIONS	53	375		176,445.05	470.52	.051	3329.15	23.87
ADMINISTRATIVE DAYS	0	0		34.60CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	53	375		176,479.65	470.61	.051	3329.80	23.88
ANCILLARIES	54	0		769,128.88	.00	.000	14243.13	104.06
INPATIENT CROSSEOVERS	31	210		20,518.81	97.71	.028	661.90	2.78
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	505	2,853		80,805.28	28.32	.386	160.01	10.93
MEDICAL	120	187		8,132.26	43.49	.025	67.77	1.10
SURGERY	51	53		2,306.64	43.52	.007	45.23	.31
PATHOLOGY	167	817		9,878.00	12.09	.111	59.15	1.34
RADIOLOGY	132	256		19,296.29	75.38	.035	146.18	2.61
ROOM USE	196	276		13,511.23	48.95	.037	68.93	1.83
CROSSEOVERS/ALL OTH OUTPTNT	292	1,264		27,680.86	21.90	.171	94.80	3.75
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	24	530	\$	63,511.37	\$ 119.83	.072	\$ 2646.31	\$ 8.59
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	31		3,748.83	120.93	.004	3748.83	.51
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	23	499		59,762.54	119.76	.068	2598.37	8.09
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	29	210	\$	29,996.36	\$	142.84	.028	\$ 1034.36	\$ 4.06
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	29	210		29,996.36		142.84	.028	1034.36	4.06
@REHABILITATION FACILITY	8	27	\$	560.77	\$	20.77	.004	\$ 70.10	\$ .08
HOSPITAL BASED	1	13		264.11		20.32	.002	264.11	.04
INDEPENDENT FACILITY	7	14		296.66		21.19	.002	42.38	.04
@LABORATORY FACILITY	439	2,140	\$	31,862.34	\$	14.89	.290	\$ 72.58	\$ 4.31
PATHOLOGY	420	2,113		31,698.30		15.00	.286	75.47	4.29
XO AND OTHERS	19	27		164.04		6.08	.004	8.63	.02
@ORGANIZED OUTPATIENT CLINIC	1,431	2,404	\$	198,767.74	\$	82.68	.325	\$ 138.90	\$ 26.89
CLINIC	11	24		507.06		21.13	.003	46.10	.07
SURGICENTER	12	49		4,463.83		91.10	.007	371.99	.60
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1,412	2,331		193,796.85		83.14	.315	137.25	26.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 16,036
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED								

	7,391 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	944	45,032	\$	234,156.21	\$ 5.20	6.093	\$ 248.05	\$ 31.68
DURABLE MED. EQUIP.	147	506		85,294.14	168.57	.068	580.23	11.54
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	25	35		4,579.64	130.85	.005	183.19	.62
MEDICAL TRANSPORTATION	183	4,470		75,683.95	16.93	.605	413.57	10.24
AMBULANCES/AIR TRANS	119	2,904		41,289.29	14.22	.393	346.97	5.59
OTHER TRANS	5	272		874.71	3.22	.037	174.94	.12
OTHER SERVICES	71	1,294		33,519.95	25.90	.175	472.11	4.54
ACUPUNCTURE	2	2		43.25	21.63	.000	21.63	.01
ADULT DAY HEALTH CARE CTR	13	104		6,957.27	66.90	.014	535.17	.94
GENETIC DISEASE TESTING	4	4		320.00	80.00	.001	80.00	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	4	59		6,464.26	109.56	.008	1616.07	.87
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	169	393		4,983.29	12.68	.053	29.49	.67
PHYSICAL THERAPIST	42	402		5,324.47	13.24	.054	126.77	.72
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	21	31		3,781.39	121.98	.004	180.07	.51
PROSTHETICS	13	20		3,428.69	171.43	.003	263.75	.46
ORTHOTICS	8	11		352.70	32.06	.001	44.09	.05
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	24		1,612.84	67.20	.003	161.28	.22
HOSPICE SERVICES	1	3		704.02	234.67	.000	704.02	.10
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	38	507		6,051.40	11.94	.069	159.25	.82
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	387	38,492		32,356.29	.84	5.208	83.61	4.38
@CALIF. CHILDREN SERVICES*	54	1,225	\$	99,649.23	\$ 81.35	.166	\$ 1845.36	\$ 13.48
@XOVER EXCLUDING STATE HOSP**	957	10,015	\$	135,424.61	\$ 13.52	1.355	\$ 141.51	\$ 18.32

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

## TRINITY COUNTY

## SUMMARY OF SERVICES FOR 58 ALL FAMILIES

15,815 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,803	48,410	\$ 2,510,128.81	\$ 51.85	3.061	\$ 321.69	\$ 158.72
@PHYSICIANS SERVICES	2,382	6,035	\$ 264,600.84	\$ 43.84	.382	\$ 111.08	\$ 16.73
OUTPATIENT VISITS	1,646	2,289	86,961.87	37.99	.145	52.83	5.50
OFFICE VISITS	1,485	1,931	70,049.51	36.28	.122	47.17	4.43
HOME VISITS	1	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	105	113	5,337.74	47.24	.007	50.84	.34
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.00
OB VISITS/COMPRI PERI	73	211	10,368.71	49.14	.013	142.04	.66
OTHER OUTPATIENT	28	33	1,168.52	35.41	.002	41.73	.07
INPATIENT VISITS	104	433	25,235.55	58.28	.027	242.65	1.60
HOSPITAL VISITS	101	349	16,965.04	48.61	.022	167.97	1.07
CRITICAL CARE	9	57	7,411.43	130.03	.004	823.49	.47
SNF/ICF/TRANS IP CARE	6	27	859.08	31.82	.002	143.18	.05
OPHTHALMOLOGICAL SERVICES	32	40	1,673.09	41.83	.003	52.28	.11
EXAMINATIONS	32	40	1,673.09	41.83	.003	52.28	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	100	511	43,534.04	85.19	.032	435.34	2.75
PRINCIPAL SURGEON	72	81	35,640.73	440.01	.005	495.01	2.25
ASSISTANT SURGEON	10	10	1,699.01	169.90	.001	169.90	.11
ANESTHESIOLOGIST	27	420	6,194.30	14.75	.027	229.42	.39
OUTPATIENT SURGERY	178	462	41,137.42	89.04	.029	231.11	2.60
PRINCIPAL SURGEON	161	218	36,100.05	165.60	.014	224.22	2.28
ASSISTANT SURGEON	3	3	202.49	67.50	.000	67.50	.01
ANESTHESIOLOGIST	34	241	4,834.88	20.06	.015	142.20	.31
DIALYSIS	1	1	54.12	54.12	.000	54.12	.00
PATHOLOGY	211	268	2,724.29	10.17	.017	12.91	.17
RADIOLOGY	687	1,044	39,613.49	37.94	.066	57.66	2.50
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	63	119		1,457.30		12.25	.008	23.13	.09
OTHER SERVICES/ALL X-OVERS	231	868		22,209.67		25.59	.055	96.15	1.40
@PHARMACY	4,106	10,085	\$	597,446.59	\$	59.24	.638	\$ 145.51	\$ 37.78
PRESCRIPTION DRUGS	4,085	9,847		582,502.49		59.16	.623	142.60	36.83
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	4,085	9,847		582,502.49		59.16	.623	142.60	36.83
MEDICAL SUPPLIES	94	238		14,944.10		62.79	.015	158.98	.94
@DENTIST	913	3,331	\$	138,682.05	\$	41.63	.211	\$ 151.90	\$ 8.77
VISITS - DIAGNOSTIC	654	1,947		35,166.25		18.06	.123	53.77	2.22
ORAL SURGERY	121	304		17,418.00		57.30	.019	143.95	1.10
DRUGS	10	20		255.00		12.75	.001	25.50	.02
ANESTHESIA	18	18		1,800.00		100.00	.001	100.00	.11
PERIODONTICS	20	20		3,550.00		177.50	.001	177.50	.22
ENDODONTICS	56	108		17,807.00		164.88	.007	317.98	1.13
RESTORATIVE DENTISTRY	334	820		53,739.80		65.54	.052	160.90	3.40
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	24	80		7,481.00		93.51	.005	311.71	.47
SPACE MAINTAINERS	6	8		1,065.00		133.13	.001	177.50	.07
MAXILLOFACIAL SERVICES	2	2		300.00		150.00	.000	150.00	.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2		100.00		50.00	.000	50.00	.01
ALL OTHER SERVICES	1	2		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
TRINITY COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES								

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15,815 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	257	746	\$ 17,286.16	\$ 23.17	.047	\$ 67.26	\$ 1.09
DIAGNOSTIC AND ANC. PROCED	197	199	9,051.56	45.49	.013	45.95	.57
EYE APPLIANCES	197	545	8,157.40	14.97	.034	41.41	.52
OTHER OPTOMETRIC SERVICES	2	2	77.20	38.60	.000	38.60	.00
@CHIROPRACTOR	13	16	\$ 267.52	\$ 16.72	.001	\$ 20.58	\$ .02
VISITS	13	16	267.52	16.72	.001	20.58	.02
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	5	\$ 192.02	\$ 38.40	.000	\$ 64.01	\$ .01
MEDICINE/INJECTIONS	2	2	54.78	27.39	.000	27.39	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	1	2	119.94	59.97	.000	119.94	.01
@HOME HEALTH AGENCY	14	32	\$ 1,806.32	\$ 56.45	.002	\$ 129.02	\$ .11
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	2	3	\$ 193.54	\$ 64.51	.000	\$ 96.77	\$ .01
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	2	\$ 52.36	\$ 26.18	.000	\$ 52.36	\$ .00
@TOTAL HOSPITAL	2,275	9,197	\$ 929,822.40	\$ 101.10	.582	\$ 408.71	\$ 58.79
HOSP INPATIENT TOTAL	104	384	647,752.69	1686.86	.024	6228.39	40.96
HSC HOSPITALS	6	32	44,834.00	1401.06	.002	7472.33	2.83
NON-HSC HOSPITAL TOTAL	98	352	602,918.69	1712.84	.022	6152.23	38.12
ACCOMMODATIONS	97	352	147,687.03	419.57	.022	1522.55	9.34
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	97	352	147,687.03	419.57	.022	1522.55	9.34
ANCILLARIES	98	0	455,231.66	.00	.000	4645.22	28.78
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	2,231	8,813	282,069.71	32.01	.557	126.43	17.84
MEDICAL	1,259	1,797	77,111.75	42.91	.114	61.25	4.88
SURGERY	282	384	19,806.50	51.58	.024	70.24	1.25
PATHOLOGY	895	2,861	32,936.82	11.51	.181	36.80	2.08
RADIOLOGY	561	728	47,122.08	64.73	.046	84.00	2.98
ROOM USE	974	1,338	61,306.93	45.82	.085	62.94	3.88
CROSSOVERS/ALL OTH OUTPTNT	667	1,705	43,785.63	25.68	.108	65.65	2.77
@COUNTY HOSPITAL TOTAL	1,784	6,341	\$ 372,644.79	\$ 58.77	.401	\$ 208.88	\$ 23.56
CO HOSPITAL INPATIENT TOTAL	41	98	182,813.16	1865.44	.006	4458.86	11.56
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	41	98	182,813.16	1865.44	.006	4458.86	11.56
ACCOMMODATIONS	41	98	46,347.50	472.93	.006	1130.43	2.93
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	41	98	46,347.50	472.93	.006	1130.43	2.93
ANCILLARIES	41	0	136,465.66	.00	.000	3328.43	8.63
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,768	6,243	189,831.63	30.41	.395	107.37	12.00
MEDICAL	1,133	1,595	67,258.51	42.17	.101	59.36	4.25
SURGERY	211	297	15,311.32	51.55	.019	72.57	.97
PATHOLOGY	708	2,082	23,658.64	11.36	.132	33.42	1.50
RADIOLOGY	415	522	28,952.37	55.46	.033	69.76	1.83
ROOM USE	678	823	38,210.63	46.43	.052	56.36	2.42
CROSSOVERS/ALL OTH OUTPTNT	464	924	16,440.16	17.79	.058	35.43	1.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 16,039
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES						

					----- MONTHLY AVERAGE -----			
15,815 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	573	2,856	\$ 557,177.61	\$ 195.09	.181	\$ 972.39	\$ 35.23	
COMM HOSP INPATIENT TOTAL	63	286	464,939.53	1625.66	.018	7379.99	29.40	
HSC HOSPITALS	6	32	44,834.00	1401.06	.002	7472.33	2.83	
NON-HSC HOSPITALS TOTAL	57	254	420,105.53	1653.96	.016	7370.27	26.56	
ACCOMMODATIONS	56	254	101,339.53	398.97	.016	1809.63	6.41	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	56	254	101,339.53	398.97	.016	1809.63	6.41	
ANCILLARIES	57	0	318,766.00	.00	.000	5592.39	20.16	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	530	2,570	92,238.08	35.89	.163	174.03	5.83	
MEDICAL	138	202	9,853.24	48.78	.013	71.40	.62	
SURGERY	74	87	4,495.18	51.67	.006	60.75	.28	
PATHOLOGY	210	779	9,278.18	11.91	.049	44.18	.59	
RADIOLOGY	150	206	18,169.71	88.20	.013	121.13	1.15	
ROOM USE	314	515	23,096.30	44.85	.033	73.56	1.46	
CROSSOVERS/ALL OTH OUTPTNT	217	781	27,345.47	35.01	.049	126.02	1.73	
@STATE HOSPITAL	0	0	\$ 13,400.00	\$ .00	.000	\$ .00	\$ .85	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	13,400.00	.00	.000	.00	.85	
@NURSING FACILITY	5	197	\$ 109,178.43	\$ 554.21	.012	\$ 21835.69	\$ 6.90	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	5	197		108,935.90	552.97	.012	21787.18	6.89
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		242.53	.00	.000	.00	.02
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	635	1,929	\$	45,522.05	\$ 23.60	.122	\$ 71.69	\$ 2.88
PATHOLOGY	635	1,929		45,522.05	23.60	.122	71.69	2.88
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,835	3,164	\$	305,802.23	\$ 96.65	.200	\$ 166.65	\$ 19.34
CLINIC	150	542		14,939.15	27.56	.034	99.59	.94
SURGICENTER	2	11		243.41	22.13	.001	121.71	.02
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,705	2,611		290,619.67	111.31	.165	170.45	18.38
#CALIF DEPT OF HEALTH SERV								
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 58 ALL FAMILIES

						----- MONTHLY AVERAGE -----		
15,815 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	705	13,668	\$ 85,876.30	\$ 6.28	.864	\$ 121.81	\$ 5.43	
DURABLE MED. EQUIP.	16	23	1,399.16	60.83	.001	87.45	.09	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	3	6	310.17	51.70	.000	103.39	.02	
MEDICAL TRANSPORTATION	94	2,024	46,725.78	23.09	.128	497.08	2.95	
AMBULANCES/AIR TRANS	89	1,980	25,464.26	12.86	.125	286.12	1.61	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	13	44	21,261.52	483.22	.003	1635.50	1.34	
ACUPUNCTURE	2	2	54.06	27.03	.000	27.03	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	39	39	3,266.00	83.74	.002	83.74	.21	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	1	8	152.24	19.03	.001	152.24	.01	
OPTICIAN	185	401	3,725.21	9.29	.025	20.14	.24	
PHYSICAL THERAPIST	43	519	7,314.85	14.09	.033	170.11	.46	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	25	42	4,552.03	108.38	.003	182.08	.29	
PROSTHETICS	12	27	4,025.07	149.08	.002	335.42	.25	
ORTHOTICS	13	15	526.96	35.13	.001	40.54	.03	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	12	25	1,193.63	47.75	.002	99.47	.08	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	281	1,128	13,420.25	11.90	.071	47.76	.85	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	25	9,451	3,762.92	.40	.598	150.52	.24	
@CALIF. CHILDREN SERVICES*	20	97	\$ 117,044.25	\$ 1206.64	.006	\$ 5852.21	\$ 7.40	

@XOVER EXCLUDING STATE HOSP\*\* 22 484 \$ 4,551.76 \$ 9.40 .031 \$ 206.90 \$ .29

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
 TRINITY COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

356 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	159	1,903	\$ 132,939.75	\$ 69.86	5.346	\$ 836.10	\$ 373.43
@PHYSICIANS SERVICES	59	151	\$ 7,115.85	\$ 47.12	.424	\$ 120.61	\$ 19.99
OUTPATIENT VISITS	27	37	1,516.92	41.00	.104	56.18	4.26
OFFICE VISITS	23	32	1,214.56	37.96	.090	52.81	3.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	241.88	60.47	.011	60.47	.68
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.003	60.48	.17
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	11	29	1,865.71	64.33	.081	169.61	5.24
HOSPITAL VISITS	8	24	1,328.11	55.34	.067	166.01	3.73
CRITICAL CARE	1	3	418.60	139.53	.008	418.60	1.18
SNF/ICF/TRANS IP CARE	2	2	119.00	59.50	.006	59.50	.33
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	11	1,230.86	111.90	.031	410.29	3.46
PRINCIPAL SURGEON	2	2	945.31	472.66	.006	472.66	2.66
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	9	285.55	31.73	.025	142.78	.80
OUTPATIENT SURGERY	3	13	492.39	37.88	.037	164.13	1.38
PRINCIPAL SURGEON	2	2	345.00	172.50	.006	172.50	.97
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	11	147.39	13.40	.031	147.39	.41
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	5	63.77	12.75	.014	12.75	.18
RADIOLOGY	27	45	1,433.50	31.86	.126	53.09	4.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	11	512.70	46.61	.031	73.24	1.44
@PHARMACY	56	112	\$ 3,821.11	\$ 34.12	.315	\$ 68.23	\$ 10.73
PRESCRIPTION DRUGS	56	108	3,696.53	34.23	.303	66.01	10.38
SNF/ICF	1	11	385.38	35.03	.031	385.38	1.08
OUTPATIENTS	56	97	3,311.15	34.14	.272	59.13	9.30
MEDICAL SUPPLIES	1	4	124.58	31.15	.011	124.58	.35
@DENTIST	10	25	\$ 756.75	\$ 30.27	.070	\$ 75.68	\$ 2.13
VISITS - DIAGNOSTIC	9	18	443.75	24.65	.051	49.31	1.25
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	71.00	71.00	.003	71.00	.20
RESTORATIVE DENTISTRY	4	6	242.00	40.33	.017	60.50	.68
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

356 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	8 \$	180.60	\$ 22.58	.022	\$ 90.30	\$ .51
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.006	47.45	.27
EYE APPLIANCES	2	6	85.70	14.28	.017	42.85	.24
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	7 \$	479.29	\$ 68.47	.020	\$ 479.29	\$ 1.35
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	45	186 \$	57,460.89	\$ 308.93	.522	\$ 1276.91	\$ 161.41
HOSP INPATIENT TOTAL	6	32	52,708.83	1647.15	.090	8784.81	148.06
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	6	32	52,708.83	1647.15	.090	8784.81	148.06
ACCOMMODATIONS	6	32	10,809.85	337.81	.090	1801.64	30.36

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	32	10,809.85	337.81	.090	1801.64	30.36
ANCILLARIES	6	0	41,898.98	.00	.000	6983.16	117.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	39	154	4,752.06	30.86	.433	121.85	13.35
MEDICAL	21	28	1,137.51	40.63	.079	54.17	3.20
SURGERY	2	3	295.64	98.55	.008	147.82	.83
PATHOLOGY	14	36	397.23	11.03	.101	28.37	1.12
RADIOLOGY	15	26	874.53	33.64	.073	58.30	2.46
ROOM USE	20	23	895.37	38.93	.065	44.77	2.52
CROSSOVERS/ALL OTH OUTPTNT	14	38	1,151.78	30.31	.107	82.27	3.24
@COUNTY HOSPITAL TOTAL	24	90	\$ 2,233.25	\$ 24.81	.253	\$ 93.05	\$ 6.27
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	24	90	2,233.25	24.81	.253	93.05	6.27
MEDICAL	15	22	732.92	33.31	.062	48.86	2.06
SURGERY	2	3	279.05	93.02	.008	139.53	.78
PATHOLOGY	11	30	313.89	10.46	.084	28.54	.88
RADIOLOGY	7	10	350.96	35.10	.028	50.14	.99
ROOM USE	10	12	434.49	36.21	.034	43.45	1.22
CROSSOVERS/ALL OTH OUTPTNT	7	13	121.94	9.38	.037	17.42	.34

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

	356 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	96	\$	55,227.64	\$ 575.29	.270	\$ 2401.20	\$ 155.13
COMM HOSP INPATIENT TOTAL	6	32		52,708.83	1647.15	.090	8784.81	148.06
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	6	32		52,708.83	1647.15	.090	8784.81	148.06
ACCOMMODATIONS	6	32		10,809.85	337.81	.090	1801.64	30.36
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	32		10,809.85	337.81	.090	1801.64	30.36
ANCILLARIES	6	0		41,898.98	.00	.000	6983.16	117.69
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17	64		2,518.81	39.36	.180	148.17	7.08
MEDICAL	6	6		404.59	67.43	.017	67.43	1.14
SURGERY	0	0		16.59	.00	.000	.00	.05
PATHOLOGY	3	6		83.34	13.89	.017	27.78	.23
RADIOLOGY	8	16		523.57	32.72	.045	65.45	1.47
ROOM USE	10	11		460.88	41.90	.031	46.09	1.29
CROSSOVERS/ALL OTH OUTPTNT	8	25		1,029.84	41.19	.070	128.73	2.89
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	5	236	\$	49,113.66	\$ 208.11	.663	\$ 9822.73	\$ 137.96	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	5	236		49,113.66	208.11	.663	9822.73	137.96	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	18	70	\$	1,131.83	\$ 16.17	.197	\$ 62.88	\$ 3.18	
PATHOLOGY	18	70		1,131.83	16.17	.197	62.88	3.18	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	48	89	\$	11,029.08	\$ 123.92	.250	\$ 229.77	\$ 30.98	
CLINIC	1	15		204.54	13.64	.042	204.54	.57	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	47	74		10,824.54	146.28	.208	230.31	30.41	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 16,044
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT								

356 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	14	1,019	\$ 1,850.69	\$ 1.82	2.862	\$ 132.19	\$ 5.20
DURABLE MED. EQUIP.	2	2	368.14	184.07	.006	184.07	1.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	234	1,206.02	5.15	.657	402.01	3.39
AMBULANCES/AIR TRANS	3	234	1,206.02	5.15	.657	402.01	3.39
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.003	105.00	.29
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	69.04	8.63	.022	17.26	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	4	9	78.72	8.75	.025	19.68	.22
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	765	23.77	.03	2.149	23.77	.07
@CALIF. CHILDREN SERVICES*	0	5CR \$	133.79CR \$	26.76	.014CR\$	.00 \$	.38CR
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

TRINITY COUNTY

SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,046  
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TRINITY COUNTY      SUMMARY OF SERVICES FOR    60 RENAL DIALYSIS      AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS      AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER PER ELIG      USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION      AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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TRINITY COUNTY

SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,052  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION      AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$ .00 \$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 16,053
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS	AID CODES 51 52 56	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
TRINITY COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS							
	AID CODES 51 52 56							

PAGE 16,054  
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,055  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 62 IRCA ALIENS      AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 16,056
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS								AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00	
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00	
BLOOD BANK	0	0		.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00	
OTHER TRANS	0	0		.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00	
OPTICIAN	0	0		.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00	
HOSPICE SERVICES	0	0		.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 16,057  
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03  
TRINITY COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	4 \$	273.80	\$ 68.45	.800	\$ 136.90	\$ 54.76
@PHYSICIANS SERVICES	0	0 \$	127.16	\$ .00	.000	\$ .00	\$ 25.43
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.20CR	.00	.000	.00	.04CR
HOSPITAL VISITS	0	0	.20CR	.00	.000	.00	.04CR
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	127.36	.00	.000	.00	25.47
PRINCIPAL SURGEON	0	0	127.36	.00	.000	.00	25.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,058  
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TRINITY COUNTY      SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----					
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	0	0	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.000	.00	.00		.00
EYE APPLIANCES	0	0		.00	.000	.00	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.000	.00	.00		.00
@CHIROPRACTOR	0	0	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00	.000	.00	.00		.00
OTHER SERVICES	0	0		.00	.000	.00	.00		.00
@PODIATRIST	0	0	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.000	.00	.00		.00
SURGERY/ANES.	0	0		.00	.000	.00	.00		.00
RADIO./PATHOLOGY	0	0		.00	.000	.00	.00		.00
OTHER	0	0		.00	.000	.00	.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	1	\$	13.75	.200	\$	13.75	\$	2.75
HOSP INPATIENT TOTAL	0	0		.00	.000	.00	.00		.00
HSC HOSPITALS	0	0		.00	.000	.00	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.000	.00	.00		.00
ACCOMMODATIONS	0	0		.00	.000	.00	.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	13.75	13.75	.200	13.75	2.75
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	12.39	12.39	.200	12.39	2.48
PATHOLOGY	0	0	1.36	.00	.000	.00	.27
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	1	1	\$ 13.75	\$ 13.75	.200	\$ 13.75	\$ 2.75
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	13.75	13.75	.200	13.75	2.75
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	12.39	12.39	.200	12.39	2.48
PATHOLOGY	0	0	1.36	.00	.000	.00	.27
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 16,059
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F						

					----- MONTHLY AVERAGE -----			
05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	3	\$	100.67	\$	33.56	.600	\$	100.67
PATHOLOGY	1	3		100.67		33.56	.600		100.67
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	32.22	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		32.22		.00	.000	.00	6.44
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 16,060
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TRINITY COUNTY	SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F								

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00
BLOOD BANK	0	0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00
OTHER TRANS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00
OPTICIAN	0	0		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00
PROSTHETICS	0	0		.00	.000	.00	.00
ORTHOTICS	0	0		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

TRINITY COUNTY

SUMMARY OF SERVICES FOR 64 REFUGEES

AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 64 REFUGEES      AID CODES 01 02 08

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00	

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 16,063
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 64 REFUGEES										
						AID CODES 01 02 08					
						----- MONTHLY AVERAGE -----					
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER				
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE				
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	\$	.00	\$	.00	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00	.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00	.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000		.00		.00	.00
MEDICAL	0	0		.00	.00	.000		.00		.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 64 REFUGEES

PAGE 16,064  
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 16,065
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL	AID CODES 0M 0N

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	58	1,694	\$ 121,685.03	\$ 71.83	60.500	\$ 2098.02	\$ 4345.89
@PHYSICIANS SERVICES	38	859	\$ 23,795.50	\$ 27.70	30.679	\$ 626.20	\$ 849.84
OUTPATIENT VISITS	23	42	1,212.28	28.86	1.500	52.71	43.30
OFFICE VISITS	23	42	1,212.28	28.86	1.500	52.71	43.30
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	30	1,495.00	49.83	1.071	249.17	53.39
HOSPITAL VISITS	6	27	1,130.20	41.86	.964	188.37	40.36
CRITICAL CARE	2	3	364.80	121.60	.107	182.40	13.03
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	53	2,856.60	53.90	1.893	571.32	102.02
PRINCIPAL SURGEON	3	5	1,806.77	361.35	.179	602.26	64.53
ASSISTANT SURGEON	2	2	289.65	144.83	.071	144.83	10.34
ANESTHESIOLOGIST	3	46	760.18	16.53	1.643	253.39	27.15
OUTPATIENT SURGERY	7	16	1,727.76	107.99	.571	246.82	61.71
PRINCIPAL SURGEON	6	6	1,471.09	245.18	.214	245.18	52.54
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	10	256.67	25.67	.357	128.34	9.17
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	15	450.95	30.06	.536	50.11	16.11
RADIOLOGY	19	125	11,144.60	89.16	4.464	586.56	398.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	526	1,975.98	3.76	18.786	247.00	70.57
OTHER SERVICES/ALL X-OVERS	16	52	2,932.33	56.39	1.857	183.27	104.73
@PHARMACY	43	211	\$ 11,822.36	\$ 56.03	7.536	\$ 274.94	\$ 422.23
PRESCRIPTION DRUGS	43	157	11,165.29	71.12	5.607	259.66	398.76
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	43	157	11,165.29	71.12	5.607	259.66	398.76

MEDICAL SUPPLIES	5	54		657.07	12.17	1.929	131.41	23.47	
@DENTIST	6	16	\$	1,537.00	\$ 96.06	.571	\$ 256.17	\$ 54.89	
VISITS - DIAGNOSTIC	3	6		220.00	36.67	.214	73.33	7.86	
ORAL SURGERY	3	3		175.00	58.33	.107	58.33	6.25	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	1	4		975.00	243.75	.143	975.00	34.82	
RESTORATIVE DENTISTRY	2	3		167.00	55.67	.107	83.50	5.96	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 16,066
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL								AID CODES 0M 0N

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1	4	\$ 100.56	\$ 25.14	.143	\$ 100.56	\$ 3.59	
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.036	47.45	1.69	
EYE APPLIANCES	1	3	53.11	17.70	.107	53.11	1.90	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	2	2	\$ 33.44	\$ 16.72	.071	\$ 16.72	\$ 1.19	
VISITS	2	2	33.44	16.72	.071	16.72	1.19	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	3	15	\$ 1,018.50	\$ 67.90	.536	\$ 339.50	\$ 36.38	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	28	422	\$ 78,806.69	\$ 186.75	15.071	\$ 2814.52	\$ 2814.52	
HOSP INPATIENT TOTAL	6	32	63,648.11	1989.00	1.143	10608.02	2273.15	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	6	32	63,648.11	1989.00	1.143	10608.02	2273.15	
ACCOMMODATIONS	6	32	15,708.85	490.90	1.143	2618.14	561.03	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	6	32	15,708.85	490.90	1.143	2618.14	561.03	
ANCILLARIES	6	0	47,939.26	.00	.000	7989.88	1712.12	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	26	390	15,158.58	38.87	13.929	583.02	541.38	
MEDICAL	11	32	551.91	17.25	1.143	50.17	19.71	
SURGERY	4	4	204.24	51.06	.143	51.06	7.29	
PATHOLOGY	18	68	798.37	11.74	2.429	44.35	28.51	
RADIOLOGY	11	97	6,137.29	63.27	3.464	557.94	219.19	
ROOM USE	6	15	834.62	55.64	.536	139.10	29.81	

CROSSEOVERS/ALL OTH OUTPTNT	13	174		6,632.15	38.12	6.214	510.17	236.86
@COUNTY HOSPITAL TOTAL	6	38	\$	24,682.19	\$ 649.53	1.357	\$ 4113.70	\$ 881.51
CO HOSPITAL INPATIENT TOTAL	2	13		24,141.44	1857.03	.464	12070.72	862.19
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	13		24,141.44	1857.03	.464	12070.72	862.19
ACCOMMODATIONS	2	13		6,922.50	532.50	.464	3461.25	247.23
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	13		6,922.50	532.50	.464	3461.25	247.23
ANCILLARIES	2	0		17,218.94	.00	.000	8609.47	614.96
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	25		540.75	21.63	.893	108.15	19.31
MEDICAL	1	1		149.65	149.65	.036	149.65	5.34
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	22		261.60	11.89	.786	52.32	9.34
RADIOLOGY	1	2		129.50	64.75	.071	129.50	4.63
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

TRINITY COUNTY      SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

AID CODES 0M 0N

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25	384	\$ 54,124.50	\$ 140.95	13.714	\$ 2164.98	\$ 1933.02
COMM HOSP INPATIENT TOTAL	5	19	39,506.67	2079.30	.679	7901.33	1410.95
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	19	39,506.67	2079.30	.679	7901.33	1410.95
ACCOMMODATIONS	5	19	8,786.35	462.44	.679	1757.27	313.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	5	19		8,786.35	462.44	.679	1757.27	313.80
ANCILLARIES	5	0		30,720.32	.00	.000	6144.06	1097.15
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	365		14,617.83	40.05	13.036	664.45	522.07
MEDICAL	10	31		402.26	12.98	1.107	40.23	14.37
SURGERY	4	4		204.24	51.06	.143	51.06	7.29
PATHOLOGY	13	46		536.77	11.67	1.643	41.29	19.17
RADIOLOGY	10	95		6,007.79	63.24	3.393	600.78	214.56
ROOM USE	6	15		834.62	55.64	.536	139.10	29.81
CROSSOVERS/ALL OTH OUTPTNT	13	174		6,632.15	38.12	6.214	510.17	236.86
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	14	47	\$	1,460.92	\$ 31.08	1.679	\$ 104.35	\$ 52.18
PATHOLOGY	14	47		1,460.92	31.08	1.679	104.35	52.18
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	19	\$	1,531.88	\$ 80.63	.679	\$ 117.84	\$ 54.71
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	13	19		1,531.88	80.63	.679	117.84	54.71

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL      AID CODES 0M 0N

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	99	\$ 1,578.18	\$ 15.94	3.536	\$ 263.03	\$ 56.36
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	68	1,064.90	15.66	2.429	354.97	38.03
AMBULANCES/AIR TRANS	3	68	1,064.90	15.66	2.429	354.97	38.03
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.071	26.08	.93
PHYSICAL THERAPIST	2	27	348.20	12.90	.964	174.10	12.44
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	139.00	69.50	.071	139.00	4.96
PROSTHETICS	1	2	139.00	69.50	.071	139.00	4.96
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 16,069
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY	

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES OR OT			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	10	39	\$ 2,913.36	\$ 74.70	7.800	\$ 291.34	\$ 582.67
@PHYSICIANS SERVICES	6	20	\$ 1,305.72	\$ 65.29	4.000	\$ 217.62	\$ 261.14
OUTPATIENT VISITS	3	4	245.10	61.28	.800	81.70	49.02
OFFICE VISITS	3	4	245.10	61.28	.800	81.70	49.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	8	239.58	29.95	1.600	119.79	47.92
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	1	1	78.18	78.18	.200	78.18	15.64
ANESTHESIOLOGIST	1	7	161.40	23.06	1.400	161.40	32.28
OUTPATIENT SURGERY	1	7	777.04	111.01	1.400	777.04	155.41
PRINCIPAL SURGEON	1	2	669.02	334.51	.400	669.02	133.80
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	108.02	21.60	1.000	108.02	21.60
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	44.00	44.00	.200	44.00	8.80
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	4	6	\$	1,095.51	\$ 182.59	1.200	\$ 273.88	\$ 219.10
PRESCRIPTION DRUGS	4	6		1,095.51	182.59	1.200	273.88	219.10
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	4	6		1,095.51	182.59	1.200	273.88	219.10
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
MOP024  
TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY

PAGE 16,070  
01/17/03

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	.00
VISITS	0	0	.00	.00	.000	.00	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	.00
@TOTAL HOSPITAL	4	10	\$ 332.59	\$ 33.26	2.000	\$ 83.15	\$ 66.52	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	.00

HOSP OUTPATIENT TOTAL	4	10	332.59	33.26	2.000	83.15	66.52
MEDICAL	1	1	71.66	71.66	.200	71.66	14.33
SURGERY	1	1	25.00	25.00	.200	25.00	5.00
PATHOLOGY	3	5	48.87	9.77	1.000	16.29	9.77
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	3	187.06	62.35	.600	93.53	37.41
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 16,071
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY						AID CODES OR OT

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	10	\$ 332.59	\$ 33.26	2.000	\$ 83.15	\$ 66.52
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	10	332.59	33.26	2.000	83.15	66.52
MEDICAL	1	1	71.66	71.66	.200	71.66	14.33
SURGERY	1	1	25.00	25.00	.200	25.00	5.00
PATHOLOGY	3	5	48.87	9.77	1.000	16.29	9.77
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	3	187.06	62.35	.600	93.53	37.41
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	3	\$	179.54	\$	59.85	.600	\$ 89.77 \$ 35.91
PATHOLOGY	2	3		179.54		59.85	.600	89.77 35.91
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00 \$
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
TRINITY COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY							

PAGE 16,072  
01/17/03

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	.00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 16,073
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL		

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	68	1,733	\$ 124,598.39	\$ 71.90	52.515	\$ 1832.33	\$ 3775.71
@PHYSICIANS SERVICES	44	879	\$ 25,101.22	\$ 28.56	26.636	\$ 570.48	\$ 760.64
OUTPATIENT VISITS	26	46	1,457.38	31.68	1.394	56.05	44.16
OFFICE VISITS	26	46	1,457.38	31.68	1.394	56.05	44.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	30	1,495.00	49.83	.909	249.17	45.30
HOSPITAL VISITS	6	27	1,130.20	41.86	.818	188.37	34.25
CRITICAL CARE	2	3	364.80	121.60	.091	182.40	11.05
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	61	3,096.18	50.76	1.848	442.31	93.82
PRINCIPAL SURGEON	3	5	1,806.77	361.35	.152	602.26	54.75
ASSISTANT SURGEON	3	3	367.83	122.61	.091	122.61	11.15
ANESTHESIOLOGIST	4	53	921.58	17.39	1.606	230.40	27.93
OUTPATIENT SURGERY	8	23	2,504.80	108.90	.697	313.10	75.90
PRINCIPAL SURGEON	7	8	2,140.11	267.51	.242	305.73	64.85

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	15	364.69	24.31	.455	121.56	11.05
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	9	15	450.95	30.06	.455	50.11	13.67
RADIOLOGY	20	126	11,188.60	88.80	3.818	559.43	339.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	526	1,975.98	3.76	15.939	247.00	59.88
OTHER SERVICES/ALL X-OVERS	16	52	2,932.33	56.39	1.576	183.27	88.86
@PHARMACY	47	217	\$ 12,917.87	\$ 59.53	6.576	\$ 274.85	\$ 391.45
PRESCRIPTION DRUGS	47	163	12,260.80	75.22	4.939	260.87	371.54
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	47	163	12,260.80	75.22	4.939	260.87	371.54
MEDICAL SUPPLIES	5	54	657.07	12.17	1.636	131.41	19.91
@DENTIST	6	16	\$ 1,537.00	\$ 96.06	.485	\$ 256.17	\$ 46.58
VISITS - DIAGNOSTIC	3	6	220.00	36.67	.182	73.33	6.67
ORAL SURGERY	3	3	175.00	58.33	.091	58.33	5.30
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	4	975.00	243.75	.121	975.00	29.55
RESTORATIVE DENTISTRY	2	3	167.00	55.67	.091	83.50	5.06
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

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33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 100.56	\$ 25.14	.121	\$ 100.56	\$ 3.05
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.030	47.45	1.44
EYE APPLIANCES	1	3	53.11	17.70	.091	53.11	1.61
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	2	2	\$ 33.44	\$ 16.72	.061	\$ 16.72	\$ 1.01
VISITS	2	2	33.44	16.72	.061	16.72	1.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	15	\$ 1,018.50	\$ 67.90	.455	\$ 339.50	\$ 30.86
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	32	432	\$ 79,139.28	\$ 183.19	13.091	\$ 2473.10	\$ 2398.16
HOSP INPATIENT TOTAL	6	32	63,648.11	1989.00	.970	10608.02	1928.73
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	6	32	63,648.11	1989.00	.970	10608.02	1928.73
ACCOMMODATIONS	6	32	15,708.85	490.90	.970	2618.14	476.03

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	32	15,708.85	490.90	.970	2618.14	476.03
ANCILLARIES	6	0	47,939.26	.00	.000	7989.88	1452.70
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	30	400	15,491.17	38.73	12.121	516.37	469.43
MEDICAL	12	33	623.57	18.90	1.000	51.96	18.90
SURGERY	5	5	229.24	45.85	.152	45.85	6.95
PATHOLOGY	21	73	847.24	11.61	2.212	40.34	25.67
RADIOLOGY	11	97	6,137.29	63.27	2.939	557.94	185.98
ROOM USE	8	18	1,021.68	56.76	.545	127.71	30.96
CROSSOVERS/ALL OTH OUTPTNT	13	174	6,632.15	38.12	5.273	510.17	200.97
@COUNTY HOSPITAL TOTAL	6	38	\$ 24,682.19	\$ 649.53	1.152	\$ 4113.70	\$ 747.95
CO HOSPITAL INPATIENT TOTAL	2	13	24,141.44	1857.03	.394	12070.72	731.56
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	13	24,141.44	1857.03	.394	12070.72	731.56
ACCOMMODATIONS	2	13	6,922.50	532.50	.394	3461.25	209.77
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	13	6,922.50	532.50	.394	3461.25	209.77
ANCILLARIES	2	0	17,218.94	.00	.000	8609.47	521.79
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	25	540.75	21.63	.758	108.15	16.39
MEDICAL	1	1	149.65	149.65	.030	149.65	4.53
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	22	261.60	11.89	.667	52.32	7.93
RADIOLOGY	1	2	129.50	64.75	.061	129.50	3.92
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

	33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	29	394	\$	54,457.09	\$ 138.22	11.939	\$ 1877.83	\$ 1650.21
COMM HOSP INPATIENT TOTAL	5	19		39,506.67	2079.30	.576	7901.33	1197.17
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	19		39,506.67	2079.30	.576	7901.33	1197.17
ACCOMMODATIONS	5	19		8,786.35	462.44	.576	1757.27	266.25
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	19		8,786.35	462.44	.576	1757.27	266.25
ANCILLARIES	5	0		30,720.32	.00	.000	6144.06	930.92
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	26	375		14,950.42	39.87	11.364	575.02	453.04
MEDICAL	11	32		473.92	14.81	.970	43.08	14.36
SURGERY	5	5		229.24	45.85	.152	45.85	6.95
PATHOLOGY	16	51		585.64	11.48	1.545	36.60	17.75
RADIOLOGY	10	95		6,007.79	63.24	2.879	600.78	182.05
ROOM USE	8	18		1,021.68	56.76	.545	127.71	30.96
CROSSOVERS/ALL OTH OUTPTNT	13	174		6,632.15	38.12	5.273	510.17	200.97
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	16	50	\$	1,640.46	\$	32.81	1.515	\$	102.53
PATHOLOGY	16	50		1,640.46		32.81	1.515		102.53
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	13	19	\$	1,531.88	\$	80.63	.576	\$	117.84
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	13	19		1,531.88		80.63	.576		117.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
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33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	6	99	\$ 1,578.18	\$ 15.94	3.000	\$ 263.03	\$ 47.82	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	3	68	1,064.90	15.66	2.061	354.97	32.27	
AMBULANCES/AIR TRANS	3	68	1,064.90	15.66	2.061	354.97	32.27	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	1	2	26.08	13.04	.061	26.08	.79	
PHYSICAL THERAPIST	2	27	348.20	12.90	.818	174.10	10.55	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	1	2	139.00	69.50	.061	139.00	4.21	
PROSTHETICS	1	2	139.00	69.50	.061	139.00	4.21	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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SUMMARY OF SERVICES FOR 68 QMB - ONLY

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09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

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09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										
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TRINITY COUNTY	SUMMARY OF SERVICES FOR 68 QMB - ONLY										

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			AID CODE				
			----- MONTHLY AVERAGE -----				
09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 68 QMB - ONLY

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09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03

TRINITY COUNTY      SUMMARY OF SERVICES FOR 69 133% PROGRAM      AID CODES 72 74 8N

277 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	86	316	\$ 27,147.69	\$ 85.91	1.141	\$ 315.67	\$ 98.01
@PHYSICIANS SERVICES	24	70	\$ 2,760.31	\$ 39.43	.253	\$ 115.01	\$ 9.97
OUTPATIENT VISITS	17	24	985.22	41.05	.087	57.95	3.56
OFFICE VISITS	15	20	726.80	36.34	.072	48.45	2.62
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	3	221.03	73.68	.011	110.52	.80
PREVENTIVE CARE	1	1	37.39	37.39	.004	37.39	.13
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	9	1,206.72	134.08	.032	1206.72	4.36
HOSPITAL VISITS	1	2	82.48	41.24	.007	82.48	.30
CRITICAL CARE	1	7	1,124.24	160.61	.025	1124.24	4.06
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	6	134.64	22.44	.022	134.64	.49
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	134.64	22.44	.022	134.64	.49
OUTPATIENT SURGERY	2	3	196.41	65.47	.011	98.21	.71
PRINCIPAL SURGEON	2	3	196.41	65.47	.011	98.21	.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	9	45.28	5.03	.032	15.09	.16
RADIOLOGY	6	16	145.53	9.10	.058	24.26	.53
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	46.51	15.50	.011	46.51	.17
@PHARMACY	37	53	\$ 2,237.43	\$ 42.22	.191	\$ 60.47	\$ 8.08
PRESCRIPTION DRUGS	36	52	2,227.91	42.84	.188	61.89	8.04
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	36	52	2,227.91	42.84	.188	61.89	8.04

MEDICAL SUPPLIES	1	1		9.52	9.52	.004	9.52	.03
@DENTIST	1	2	\$	60.00	\$ 30.00	.007	\$ 60.00	\$ .22
VISITS - DIAGNOSTIC	1	2		60.00	30.00	.007	60.00	.22
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 16,082	
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03	
TRINITY COUNTY	SUMMARY OF SERVICES FOR 69 133% PROGRAM						AID CODES 72 74 8N	

277 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	28	116	\$	17,162.73	\$ 147.95	.419	\$ 612.95	\$ 61.96
HOSP INPATIENT TOTAL	3	10		13,585.28	1358.53	.036	4528.43	49.04
HSC HOSPITALS	1	7		7,525.00	1075.00	.025	7525.00	27.17
NON-HSC HOSPITAL TOTAL	2	3		6,060.28	2020.09	.011	3030.14	21.88
ACCOMMODATIONS	2	3		1,209.30	403.10	.011	604.65	4.37
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3		1,209.30	403.10	.011	604.65	4.37
ANCILLARIES	2	0		4,850.98	.00	.000	2425.49	17.51
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	25	106		3,577.45	33.75	.383	143.10	12.91
MEDICAL	19	32		1,368.44	42.76	.116	72.02	4.94
SURGERY	7	12		279.19	23.27	.043	39.88	1.01
PATHOLOGY	6	16		186.39	11.65	.058	31.07	.67
RADIOLOGY	6	8		242.05	30.26	.029	40.34	.87
ROOM USE	14	21		1,135.55	54.07	.076	81.11	4.10
CROSSOVERS/ALL OTH OUTPTNT	8	17		365.83	21.52	.061	45.73	1.32
@COUNTY HOSPITAL TOTAL	24	99	\$	3,257.45	\$ 32.90	.357	\$ 135.73	\$ 11.76
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	24	99		3,257.45	32.90	.357	135.73	11.76
MEDICAL	19	32		1,363.10	42.60	.116	71.74	4.92
SURGERY	6	11		258.39	23.49	.040	43.07	.93
PATHOLOGY	6	16		186.39	11.65	.058	31.07	.67
RADIOLOGY	4	6		136.57	22.76	.022	34.14	.49
ROOM USE	13	18		1,009.04	56.06	.065	77.62	3.64
CROSSOVERS/ALL OTH OUTPTNT	8	16		303.96	19.00	.058	38.00	1.10

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,083  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 69 133% PROGRAM      AID CODES 72 74 8N

277 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	17	\$ 13,905.28	\$ 817.96	.061	\$ 2317.55	\$ 50.20
COMM HOSP INPATIENT TOTAL	3	10	13,585.28	1358.53	.036	4528.43	49.04
HSC HOSPITALS	1	7	7,525.00	1075.00	.025	7525.00	27.17
NON-HSC HOSPITALS TOTAL	2	3	6,060.28	2020.09	.011	3030.14	21.88
ACCOMMODATIONS	2	3	1,209.30	403.10	.011	604.65	4.37
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	2	3		1,209.30	403.10	.011	604.65	4.37
ANCILLARIES	2	0		4,850.98	.00	.000	2425.49	17.51
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	7		320.00	45.71	.025	106.67	1.16
MEDICAL	0	0		5.34	.00	.000	.00	.02
SURGERY	1	1		20.80	20.80	.004	20.80	.08
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	2	2		105.48	52.74	.007	52.74	.38
ROOM USE	3	3		126.51	42.17	.011	42.17	.46
CROSSOVERS/ALL OTH OUTPTNT	1	1		61.87	61.87	.004	61.87	.22
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	10.33	\$ 10.33	.004	\$ 10.33	\$ .04
PATHOLOGY	1	1		10.33	10.33	.004	10.33	.04
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	17	20	\$	2,816.45	\$ 140.82	.072	\$ 165.67	\$ 10.17
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	17	20		2,816.45	140.82	.072	165.67	10.17

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,084  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 69 133% PROGRAM      AID CODES 72 74 8N

	277 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	54	\$	2,100.44	\$ 38.90	.195	\$ 525.11	\$ 7.58
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	17		1,580.09	92.95	.061	1580.09	5.70
AMBULANCES/AIR TRANS	1	16		305.09	19.07	.058	305.09	1.10
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,275.00	1275.00	.004	1275.00	4.60
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	110.19	55.10	.007	110.19	.40
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	35	410.16	11.72	.126	205.08	1.48
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	10	\$ 10,784.59	\$ 1078.46	.036	\$ 3594.86	\$ 38.93
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 16,085
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM	AID CODES 7A 7C 8R	

431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	124	387	\$ 13,636.02	\$ 35.24	.898	\$ 109.97	\$ 31.64
@PHYSICIANS SERVICES	26	44	\$ 1,623.47	\$ 36.90	.102	\$ 62.44	\$ 3.77
OUTPATIENT VISITS	19	22	899.18	40.87	.051	47.33	2.09
OFFICE VISITS	19	22	899.18	40.87	.051	47.33	2.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	30.34	.00	.000	.00	.07
PRINCIPAL SURGEON	0	0	30.34	.00	.000	.00	.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	6	269.53	44.92	.014	89.84	.63
PRINCIPAL SURGEON	2	2	162.91	81.46	.005	81.46	.38
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	106.62	26.66	.009	106.62	.25
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	9	214.49	23.83	.021	35.75	.50
RADIOLOGY	4	5	178.29	35.66	.012	44.57	.41
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	2	2		31.64		15.82	.005	15.82	.07	
@PHARMACY	49	92	\$	3,760.38	\$	40.87	.213	\$ 76.74	\$ 8.72	
PRESCRIPTION DRUGS	49	92		3,760.38		40.87	.213	76.74	8.72	
SNF/ICF	0	0		.00		.00	.000	.00	.00	
OUTPATIENTS	49	92		3,760.38		40.87	.213	76.74	8.72	
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00	
@DENTIST	16	45	\$	1,932.00	\$	42.93	.104	\$ 120.75	\$ 4.48	
VISITS - DIAGNOSTIC	15	31		829.00		26.74	.072	55.27	1.92	
ORAL SURGERY	3	5		705.00		141.00	.012	235.00	1.64	
DRUGS	0	0		.00		.00	.000	.00	.00	
ANESTHESIA	0	0		.00		.00	.000	.00	.00	
PERIODONTICS	0	0		.00		.00	.000	.00	.00	
ENDODONTICS	0	0		.00		.00	.000	.00	.00	
RESTORATIVE DENTISTRY	4	9		398.00		44.22	.021	99.50	.92	
PROSTHETICS	0	0		.00		.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									PAGE 16,086
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM									AID CODES 7A 7C 8R

431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	16	\$ 298.38	\$ 18.65	.037	\$ 59.68	\$ .69
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.005	47.45	.22
EYE APPLIANCES	5	14	203.48	14.53	.032	40.70	.47
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	39	102	\$ 3,294.14	\$ 32.30	.237	\$ 84.47	\$ 7.64
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	39	102	3,294.14	32.30	.237	84.47	7.64
MEDICAL	28	31	1,340.64	43.25	.072	47.88	3.11
SURGERY	3	4	207.39	51.85	.009	69.13	.48
PATHOLOGY	16	42	565.79	13.47	.097	35.36	1.31
RADIOLOGY	5	6	607.02	101.17	.014	121.40	1.41
ROOM USE	9	9	478.61	53.18	.021	53.18	1.11
CROSSOVERS/ALL OTH OUTPTNT	4	10	94.69	9.47	.023	23.67	.22
@COUNTY HOSPITAL TOTAL	35	78	\$ 2,806.02	\$ 35.97	.181	\$ 80.17	\$ 6.51
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	35	78	2,806.02	35.97	.181	80.17	6.51
MEDICAL	26	29	1,231.69	42.47	.067	47.37	2.86
SURGERY	2	3	172.98	57.66	.007	86.49	.40
PATHOLOGY	12	29	372.23	12.84	.067	31.02	.86
RADIOLOGY	4	5	553.86	110.77	.012	138.47	1.29
ROOM USE	7	7	405.05	57.86	.016	57.86	.94
CROSSOVERS/ALL OTH OUTPTNT	3	5	70.21	14.04	.012	23.40	.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 16,087
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM						AID CODES 7A 7C 8R
431 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	24	\$ 488.12	\$ 20.34	.056	\$ 97.62	\$ 1.13

COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5	24		488.12	20.34	.056	97.62	1.13	
MEDICAL	2	2		108.95	54.48	.005	54.48	.25	
SURGERY	1	1		34.41	34.41	.002	34.41	.08	
PATHOLOGY	4	13		193.56	14.89	.030	48.39	.45	
RADIOLOGY	1	1		53.16	53.16	.002	53.16	.12	
ROOM USE	2	2		73.56	36.78	.005	36.78	.17	
CROSSOVERS/ALL OTH OUTPTNT	1	5		24.48	4.90	.012	24.48	.06	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	23.43	\$ .00	.000	\$ .00	\$ .05	
HOSPITAL BASED	0	0		23.43	.00	.000	.00	.05	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	3	5	\$	157.43	\$ 31.49	.012	\$ 52.48	\$ .37	
PATHOLOGY	3	5		157.43	31.49	.012	52.48	.37	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	16	23	\$	1,819.12	\$ 79.09	.053	\$ 113.70	\$ 4.22	
CLINIC	1	7		160.53	22.93	.016	160.53	.37	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	15	16		1,658.59	103.66	.037	110.57	3.85	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 16,088
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM								AID CODES 7A 7C 8R
431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	14	60	\$	727.67	\$ 12.13	.139	\$ 51.98	\$ 1.69	
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00	

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	83.20	8.32	.023	16.64	.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	50	644.47	12.89	.116	71.61	1.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$ 21.80	\$ 21.80	.002	\$ 21.80	\$ .05
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

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\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 16,089
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F		

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	25	53	\$ 2,531.45	\$ 47.76	.000	\$ 101.26	\$ .00
@PHYSICIANS SERVICES	5	13	\$ 600.06	\$ 46.16	.000	\$ 120.01	\$ .00
OUTPATIENT VISITS	1	5	286.32	57.26	.000	286.32	.00
OFFICE VISITS	1	1	12.00	12.00	.000	12.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	4	274.32	68.58	.000	274.32	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	4	214.92	53.73	.000	214.92	.00
PRINCIPAL SURGEON	1	1	134.92	134.92	.000	134.92	.00

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	3		80.00		26.67	.000	80.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	1	1		5.06		5.06	.000	5.06	.00
RADIOLOGY	3	3		93.76		31.25	.000	31.25	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	4	7	\$	373.58	\$	53.37	.000	\$ 93.40	\$ .00
PRESCRIPTION DRUGS	2	4		28.64		7.16	.000	14.32	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	2	4		28.64		7.16	.000	14.32	.00
MEDICAL SUPPLIES	2	3		344.94		114.98	.000	172.47	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	5	12	\$ 318.29	\$ 26.52	.000	\$ 63.66	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	12	318.29	26.52	.000	63.66	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	28.67	28.67	.000	28.67	.00
PATHOLOGY	5	9	127.54	14.17	.000	25.51	.00
RADIOLOGY	2	2	162.08	81.04	.000	81.04	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	4	9	\$ 202.72	\$ 22.52	.000	\$ 50.68	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	9	202.72	22.52	.000	50.68	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	8	121.75	15.22	.000	30.44	.00
RADIOLOGY	1	1	80.97	80.97	.000	80.97	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	1	3	\$ 115.57	\$ 38.52	.000	\$ 115.57	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	3	115.57	38.52	.000	115.57	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	28.67	28.67	.000	28.67	.00
PATHOLOGY	1	1	5.79	5.79	.000	5.79	.00
RADIOLOGY	1	1	81.11	81.11	.000	81.11	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	6	10	\$	333.40	\$	33.34	.000	\$	55.57 \$
PATHOLOGY	6	10		333.40		33.34	.000		55.57
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	4	8	\$	591.12	\$	73.89	.000	\$	147.78 \$
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	4	8		591.12		73.89	.000		147.78

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	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	\$	315.00	\$ 105.00	.000	\$ 105.00 \$ .00
DURABLE MED. EQUIP.	0		.00	.00	.000	.00 .00
BLOOD BANK	0		.00	.00	.000	.00 .00
HEARING AID DISPENSERS	0		.00	.00	.000	.00 .00
MEDICAL TRANSPORTATION	0		.00	.00	.000	.00 .00
AMBULANCES/AIR TRANS	0		.00	.00	.000	.00 .00
OTHER TRANS	0		.00	.00	.000	.00 .00
OTHER SERVICES	0		.00	.00	.000	.00 .00
ACUPUNCTURE	0		.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	0		.00	.00	.000	.00 .00
GENETIC DISEASE TESTING	3		315.00	105.00	.000	105.00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		.00	.00	.000	.00 .00
OCCUPATIONAL THERAPIST	0		.00	.00	.000	.00 .00
OPTICIAN	0		.00	.00	.000	.00 .00
PHYSICAL THERAPIST	0		.00	.00	.000	.00 .00
PORTABLE X-RAY	0		.00	.00	.000	.00 .00
PROSTHETIST/ORTHOTISTS	0		.00	.00	.000	.00 .00
PROSTHETICS	0		.00	.00	.000	.00 .00
ORTHOTICS	0		.00	.00	.000	.00 .00
PSYCHOLOGIST	0		.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	0		.00	.00	.000	.00 .00
HOSPICE SERVICES	0		.00	.00	.000	.00 .00
NONINST BIRTHING CENTERS	0		.00	.00	.000	.00 .00
LOCAL EDUCATION AGENCIES	0		.00	.00	.000	.00 .00
EPSDT SUPPLEMENTAL SERVICE	0		.00	.00	.000	.00 .00
RESPIRATORY CARE PRACT.	0		.00	.00	.000	.00 .00
PED SUBACUTE REHAB/WEANING	0		.00	.00	.000	.00 .00
ALL OTHER PROVIDERS	0		.00	.00	.000	.00 .00
@CALIF. CHILDREN SERVICES*	0	\$	.00	\$ .00	.000	\$ .00 \$ .00
@XOVER EXCLUDING STATE HOSP**	0	\$	.00	\$ .00	.000	\$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002      PAGE 16,093  
MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										
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						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.00	\$	.00	
COMM HOSP INPATIENT TOTAL	0	0		.00	.00		.00	
HSC HOSPITALS	0	0		.00	.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00		.00	
ACCOMMODATIONS	0	0		.00	.00		.00	
ADMINISTRATIVE DAYS	0	0		.00	.00		.00	
TRANSITIONAL IP CARE	0	0		.00	.00		.00	
ALL OTHER ACCOM	0	0		.00	.00		.00	
ANCILLARIES	0	0		.00	.00		.00	
INPATIENT CROSSOVERS	0	0		.00	.00		.00	
ALL OTHER INPATIENT	0	0		.00	.00		.00	
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00		.00	
MEDICAL	0	0		.00	.00		.00	

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
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19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	13	88	\$ 4,731.05	\$ 53.76	4.632	\$	363.93	\$ 249.00
@PHYSICIANS SERVICES	4	30	\$ 1,176.00	\$ 39.20	1.579	\$	294.00	\$ 61.89
OUTPATIENT VISITS	2	27	540.20	20.01	1.421		270.10	28.43
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	2	27	540.20	20.01	1.421		270.10	28.43
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	1	1	53.79	53.79	.053		53.79	2.83

HOSPITAL VISITS	1	1		53.79	53.79	.053	53.79	2.83
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		544.28	544.28	.053	544.28	28.65
PRINCIPAL SURGEON	1	1		544.28	544.28	.053	544.28	28.65
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		37.73	37.73	.053	37.73	1.99
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	3	4	\$	37.80	\$ 9.45	.211	\$ 12.60	\$ 1.99
PRESCRIPTION DRUGS	3	4		37.80	9.45	.211	12.60	1.99
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	3	4		37.80	9.45	.211	12.60	1.99
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	

RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	0	0		.00		.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	7	26	\$	2,316.85	\$	89.11	1.368 \$	330.98 \$
HOSP INPATIENT TOTAL	1	2		1,689.89		844.95	.105	1689.89
HSC HOSPITALS	0	0		.00		.00	.000	.00
NON-HSC HOSPITAL TOTAL	1	2		1,689.89		844.95	.105	1689.89
ACCOMMODATIONS	1	2		477.05		238.53	.105	477.05
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	1	2		477.05		238.53	.105	477.05
ANCILLARIES	1	0		1,212.84		.00	.000	1212.84
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
HOSP OUTPATIENT TOTAL	6	24		626.96		26.12	1.263	104.49
MEDICAL	2	2		147.05		73.53	.105	73.53
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	3	12		81.93		6.83	.632	27.31
RADIOLOGY	3	3		237.99		79.33	.158	79.33
ROOM USE	3	3		114.49		38.16	.158	38.16
CROSSOVERS/ALL OTH OUTPTNT	2	4		45.50		11.38	.211	22.75
@COUNTY HOSPITAL TOTAL	5	21	\$	402.41	\$	19.16	1.105 \$	80.48 \$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
CO HOSP OUTPATIENT TOTAL	5	21		402.41		19.16	1.105	80.48
MEDICAL	1	1		50.83		50.83	.053	50.83
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	3	12		81.93		6.83	.632	27.31
RADIOLOGY	2	2		158.33		79.17	.105	79.17
ROOM USE	2	2		65.82		32.91	.105	32.91
CROSSOVERS/ALL OTH OUTPTNT	2	4		45.50		11.38	.211	22.75

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	5	\$ 1,914.44	\$ 382.89	.263	\$ 957.22	\$ 100.76
COMM HOSP INPATIENT TOTAL	1	2	1,689.89	844.95	.105	1689.89	88.94
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	1,689.89	844.95	.105	1689.89	88.94
ACCOMMODATIONS	1	2	477.05	238.53	.105	477.05	25.11
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	2		477.05	238.53	.105	477.05	25.11
ANCILLARIES	1	0		1,212.84	.00	.000	1212.84	63.83
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	3		224.55	74.85	.158	224.55	11.82
MEDICAL	1	1		96.22	96.22	.053	96.22	5.06
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		79.66	79.66	.053	79.66	4.19
ROOM USE	1	1		48.67	48.67	.053	48.67	2.56
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2	\$	85.00	\$ 42.50	.105	\$ 85.00	\$ 4.47
PATHOLOGY	1	2		85.00	42.50	.105	85.00	4.47
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	25	\$	1,010.40	\$ 40.42	1.316	\$ 252.60	\$ 53.18
CLINIC	3	24		949.96	39.58	1.263	316.65	50.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		60.44	60.44	.053	60.44	3.18

#CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY

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19 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 105.00	\$ 105.00	.053	\$ 105.00	\$ 5.53
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.053	105.00	5.53

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
MOP024                              FEE-FOR-SERVICE/DENTAL  
TRINITY COUNTY                    SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 16,101  
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			COST PER ELIGIBLE
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
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TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 16,102  
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024      FEE-FOR-SERVICE/DENTAL      01/17/03  
TRINITY COUNTY      SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	\$	.000	\$	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	\$	.000	\$	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	\$	.000	\$	\$
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	\$	.000	\$	\$
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	\$	.000	\$	\$
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 TRINITY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 16,104 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 16,105
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
TRINITY COUNTY	SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC	AID CODES 6N	

29 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3	7	\$ 544.89	\$ 77.84	.241	\$ 181.63	\$ 18.79
@PHYSICIANS SERVICES	1	1	\$ 24.38	\$ 24.38	.034	\$ 24.38	\$ .84
OUTPATIENT VISITS	1	1	24.38	24.38	.034	24.38	.84
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	24.38	24.38	.034	24.38	.84
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	2	6	\$	520.51	\$ 86.75	.207	\$ 260.26	\$ 17.95
PRESCRIPTION DRUGS	2	6		520.51	86.75	.207	260.26	17.95
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	2	6		520.51	86.75	.207	260.26	17.95
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC      AID CODES 6N

29 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
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FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

01/17/03

29 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

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SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

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29 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
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	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	\$	.00	\$ .00	.000	\$ .00
DURABLE MED. EQUIP.	0		.00	.00	.000	.00
BLOOD BANK	0		.00	.00	.000	.00
HEARING AID DISPENSERS	0		.00	.00	.000	.00
MEDICAL TRANSPORTATION	0		.00	.00	.000	.00
AMBULANCES/AIR TRANS	0		.00	.00	.000	.00
OTHER TRANS	0		.00	.00	.000	.00
OTHER SERVICES	0		.00	.00	.000	.00
ACUPUNCTURE	0		.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0		.00	.00	.000	.00
GENETIC DISEASE TESTING	0		.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0		.00	.00	.000	.00
OPTICIAN	0		.00	.00	.000	.00
PHYSICAL THERAPIST	0		.00	.00	.000	.00
PORTABLE X-RAY	0		.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0		.00	.00	.000	.00
PROSTHETICS	0		.00	.00	.000	.00
ORTHOTICS	0		.00	.00	.000	.00
PSYCHOLOGIST	0		.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0		.00	.00	.000	.00
HOSPICE SERVICES	0		.00	.00	.000	.00
NONINST BIRTHING CENTERS	0		.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0		.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0		.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0		.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0		.00	.00	.000	.00
ALL OTHER PROVIDERS	0		.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	\$	.00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	\$	.00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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TRINITY COUNTY      SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

27,607 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16,567	194,838	\$ 10,206,323.57	\$ 52.38	7.058	\$ 616.06	\$ 369.70
@PHYSICIANS SERVICES	5,063	16,447	\$ 633,385.17	\$ 38.51	.596	\$ 125.10	\$ 22.94
OUTPATIENT VISITS	2,737	4,189	155,542.48	37.13	.152	56.83	5.63
OFFICE VISITS	2,419	3,362	118,111.66	35.13	.122	48.83	4.28
HOME VISITS	1	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	238	278	15,111.76	54.36	.010	63.49	.55
PREVENTIVE CARE	2	2	74.78	37.39	.000	37.39	.00
OB VISITS/COMPRI PERI	135	475	19,424.28	40.89	.017	143.88	.70
OTHER OUTPATIENT	57	72	2,820.00	39.17	.003	49.47	.10
INPATIENT VISITS	261	1,007	56,184.03	55.79	.036	215.26	2.04
HOSPITAL VISITS	244	860	40,629.22	47.24	.031	166.51	1.47
CRITICAL CARE	29	110	14,331.73	130.29	.004	494.20	.52
SNF/ICF/TRANS IP CARE	13	37	1,223.08	33.06	.001	94.08	.04
OPHTHALMOLOGICAL SERVICES	64	75	3,287.56	43.83	.003	51.37	.12
EXAMINATIONS	64	74	3,252.27	43.95	.003	50.82	.12
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00

INPATIENT HOSPITAL SURGERY	182	953		94,151.73		98.80	.035	517.32	3.41
PRINCIPAL SURGEON	131	162		75,452.89		465.76	.006	575.98	2.73
ASSISTANT SURGEON	27	30		4,984.02		166.13	.001	184.59	.18
ANESTHESIOLOGIST	56	761		13,714.82		18.02	.028	244.91	.50
OUTPATIENT SURGERY	360	876		85,539.39		97.65	.032	237.61	3.10
PRINCIPAL SURGEON	324	458		76,031.29		166.01	.017	234.66	2.75
ASSISTANT SURGEON	5	5		438.91		87.78	.000	87.78	.02
ANESTHESIOLOGIST	65	413		9,069.19		21.96	.015	139.53	.33
DIALYSIS	11	59		5,362.76		90.89	.002	487.52	.19
PATHOLOGY	386	573		6,681.49		11.66	.021	17.31	.24
RADIOLOGY	1,302	2,236		101,953.69		45.60	.081	78.31	3.69
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	132	1,244		11,015.25		8.85	.045	83.45	.40
OTHER SERVICES/ALL X-OVERS	1,617	5,235		113,666.79		21.71	.190	70.29	4.12
@PHARMACY	11,141	55,248	\$	3,216,412.24	\$	58.22	2.001	\$ 288.70	\$ 116.51
PRESCRIPTION DRUGS	11,056	41,833		3,117,824.25		74.53	1.515	282.00	112.94
SNF/ICF	292	2,412		127,537.77		52.88	.087	436.77	4.62
OUTPATIENTS	10,771	39,421		2,990,286.48		75.86	1.428	277.62	108.32
MEDICAL SUPPLIES	569	13,415		98,587.99		7.35	.486	173.27	3.57
@DENTIST	1,492	5,327	\$	252,137.37	\$	47.33	.193	\$ 168.99	\$ 9.13
VISITS - DIAGNOSTIC	1,021	2,986		52,223.00		17.49	.108	51.15	1.89
ORAL SURGERY	227	628		32,548.00		51.83	.023	143.38	1.18
DRUGS	14	29		373.00		12.86	.001	26.64	.01
ANESTHESIA	28	28		2,800.00		100.00	.001	100.00	.10
PERIODONTICS	34	35		6,350.00		181.43	.001	186.76	.23
ENDODONTICS	85	154		28,267.00		183.55	.006	332.55	1.02
RESTORATIVE DENTISTRY	494	1,155		86,552.80		74.94	.042	175.21	3.14
PROSTHETICS	5	7		150.00		21.43	.000	30.00	.01
DENTURES, STAYPLATES	118	289		41,310.77		142.94	.010	350.09	1.50
SPACE MAINTAINERS	6	8		1,065.00		133.13	.000	177.50	.04
MAXILLOFACIAL SERVICES	2	2		300.00		150.00	.000	150.00	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2		100.00		50.00	.000	50.00	.00
ALL OTHER SERVICES	3	4		97.80		24.45	.000	32.60	.00
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TRINITY COUNTY	SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED								

27,607 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	488	1,429	\$ 33,229.97	\$ 23.25	.052	\$ 68.09	\$ 1.20
DIAGNOSTIC AND ANC. PROCED	341	342	15,580.36	45.56	.012	45.69	.56
EYE APPLIANCES	382	1,063	17,071.02	16.06	.039	44.69	.62
OTHER OPTOMETRIC SERVICES	18	24	578.59	24.11	.001	32.14	.02
@CHIROPRACTOR	44	61	\$ 1,019.92	\$ 16.72	.002	\$ 23.18	\$ .04
VISITS	43	57	953.04	16.72	.002	22.16	.03
OTHER SERVICES	1	4	66.88	16.72	.000	66.88	.00
@PODIATRIST	34	45	\$ 1,197.14	\$ 26.60	.002	\$ 35.21	\$ .04
MEDICINE/INJECTIONS	10	10	294.38	29.44	.000	29.44	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	26	34	885.46	26.04	.001	34.06	.03
@HOME HEALTH AGENCY	52	309	\$ 20,399.08	\$ 66.02	.011	\$ 392.29	\$ .74
NURSE ANESTHESIST	4	29	\$ 509.62	\$ 17.57	.001	\$ 127.41	\$ .02
NURSE MIDWIFE	2	3	\$ 193.54	\$ 64.51	.000	\$ 96.77	\$ .01
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

FAMILY NURSE PRACTITIONER	6	8	\$	209.96	\$	26.25	.000	\$	34.99	\$	.01
@TOTAL HOSPITAL	4,061	19,793	\$	2,711,761.03	\$	137.01	.717	\$	667.76	\$	98.23
HOSP INPATIENT TOTAL	332	1,526		2,163,033.60		1417.45	.055		6515.16		78.35
HSC HOSPITALS	10	51		68,657.00		1346.22	.002		6865.70		2.49
NON-HSC HOSPITAL TOTAL	222	994		2,030,734.96		2042.99	.036		9147.45		73.56
ACCOMMODATIONS	218	994		446,221.88		448.92	.036		2046.89		16.16
ADMINISTRATIVE DAYS	0	0		34.60CR		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	218	994		446,256.48		448.95	.036		2047.05		16.16
ANCILLARIES	222	0		1,584,513.08		.00	.000		7137.45		57.40
INPATIENT CROSSOVERS	100	481		63,641.64		132.31	.017		636.42		2.31
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,864	18,267		548,727.43		30.04	.662		142.01		19.88
MEDICAL	1,822	2,823		124,919.23		44.25	.102		68.56		4.52
SURGERY	468	626		32,073.59		51.24	.023		68.53		1.16
PATHOLOGY	1,629	6,110		70,575.79		11.55	.221		43.32		2.56
RADIOLOGY	982	1,466		101,275.36		69.08	.053		103.13		3.67
ROOM USE	1,546	2,272		106,184.30		46.74	.082		68.68		3.85
CROSSOVERS/ALL OTH OUTPTNT	1,431	4,970		113,699.16		22.88	.180		79.45		4.12
@COUNTY HOSPITAL TOTAL	2,886	11,928	\$	883,153.93	\$	74.04	.432	\$	306.01	\$	31.99
CO HOSPITAL INPATIENT TOTAL	129	415		549,307.75		1323.63	.015		4258.20		19.90
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	94	267		524,353.62		1963.87	.010		5578.23		18.99
ACCOMMODATIONS	92	267		133,869.00		501.38	.010		1455.10		4.85
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	92	267		133,869.00		501.38	.010		1455.10		4.85
ANCILLARIES	94	0		390,484.62		.00	.000		4154.09		14.14
INPATIENT CROSSOVERS	35	148		24,954.13		168.61	.005		712.98		.90
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2,817	11,513		333,846.18		29.00	.417		118.51		12.09
MEDICAL	1,572	2,378		105,198.00		44.24	.086		66.92		3.81
SURGERY	334	473		24,798.01		52.43	.017		74.25		.90
PATHOLOGY	1,236	4,340		49,067.05		11.31	.157		39.70		1.78
RADIOLOGY	682	874		56,008.63		64.08	.032		82.12		2.03
ROOM USE	1,023	1,356		65,033.04		47.96	.049		63.57		2.36
CROSSOVERS/ALL OTH OUTPTNT	849	2,092		33,741.45		16.13	.076		39.74		1.22
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TRINITY COUNTY	SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED										

					----- MONTHLY AVERAGE -----			
27,607 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,375	7,865	\$ 1,828,607.10	\$ 232.50	.285	\$ 1329.90	\$ 66.24	
COMM HOSP INPATIENT TOTAL	210	1,111	1,613,725.85	1452.50	.040	7684.41	58.45	
HSC HOSPITALS	10	51	68,657.00	1346.22	.002	6865.70	2.49	
NON-HSC HOSPITALS TOTAL	135	727	1,506,381.34	2072.05	.026	11158.38	54.57	
ACCOMMODATIONS	133	727	312,352.88	429.65	.026	2348.52	11.31	
ADMINISTRATIVE DAYS	0	0	34.60CR	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	133	727	312,387.48	429.69	.026	2348.78	11.32	
ANCILLARIES	135	0	1,194,028.46	.00	.000	8844.66	43.25	
INPATIENT CROSSOVERS	65	333	38,687.51	116.18	.012	595.19	1.40	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,217	6,754	214,881.25	31.82	.245	176.57	7.78	
MEDICAL	286	445	19,721.23	44.32	.016	68.96	.71	

SURGERY	138	153		7,275.58		47.55	.006	52.72	.26
PATHOLOGY	438	1,770		21,508.74		12.15	.064	49.11	.78
RADIOLOGY	317	592		45,266.73		76.46	.021	142.80	1.64
ROOM USE	583	916		41,151.26		44.92	.033	70.59	1.49
CROSSOVERS/ALL OTH OUTPTNT	624	2,878		79,957.71		27.78	.104	128.14	2.90
@STATE HOSPITAL	0	0	\$	13,400.00	\$	.00	.000	\$ .00	\$ .49
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		13,400.00		.00	.000	.00	.49
@NURSING FACILITY	410	12,121	\$	2,257,195.27	\$	186.22	.439	\$ 5505.35	\$ 81.76
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	1	31		3,748.83		120.93	.001	3748.83	.14
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	6	200		110,580.80		552.90	.007	18430.13	4.01
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	403	11,890		2,142,865.64		180.22	.431	5317.28	77.62
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	29	210	\$	29,996.36	\$	142.84	.008	\$ 1034.36	\$ 1.09
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	29	210		29,996.36		142.84	.008	1034.36	1.09
@REHABILITATION FACILITY	9	29	\$	626.58	\$	21.61	.001	\$ 69.62	\$ .02
HOSPITAL BASED	1	13		287.54		22.12	.000	287.54	.01
INDEPENDENT FACILITY	8	16		339.04		21.19	.001	42.38	.01
@LABORATORY FACILITY	1,184	4,413	\$	84,539.26	\$	19.16	.160	\$ 71.40	\$ 3.06
PATHOLOGY	1,147	4,358		84,239.28		19.33	.158	73.44	3.05
XO AND OTHERS	37	55		299.98		5.45	.002	8.11	.01
@ORGANIZED OUTPATIENT CLINIC	3,662	6,229	\$	551,746.15	\$	88.58	.226	\$ 150.67	\$ 19.99
CLINIC	168	616		16,819.19		27.30	.022	100.11	.61
SURGICENTER	23	72		7,028.72		97.62	.003	305.60	.25
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00

RURAL HEALTH CLINIC  
 #CALIF DEPT OF HEALTH SERV  
 MOP024  
 TRINITY COUNTY

3,497 5,541 527,898.24  
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

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	27,607 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,209	73,137	\$	398,364.91	\$ 5.45	2.649	\$ 180.34	\$ 14.43
DURABLE MED. EQUIP.	187	736		106,683.83	144.95	.027	570.50	3.86
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	56	87		13,227.83	152.04	.003	236.21	.48
MEDICAL TRANSPORTATION	369	8,712		139,103.49	15.97	.316	376.97	5.04
AMBULANCES/AIR TRANS	223	5,346		71,265.65	13.33	.194	319.58	2.58
OTHER TRANS	23	736		3,740.20	5.08	.027	162.62	.14
OTHER SERVICES	150	2,630		64,097.64	24.37	.095	427.32	2.32
ACUPUNCTURE	4	4		97.31	24.33	.000	24.33	.00
ADULT DAY HEALTH CARE CTR	13	104		6,957.27	66.90	.004	535.17	.25
GENETIC DISEASE TESTING	59	59		5,002.00	84.78	.002	84.78	.18
IHMC,MODEL-NF,NF,AIDS,MSSP	4	59		6,464.26	109.56	.002	1616.07	.23
OCCUPATIONAL THERAPIST	1	8		152.24	19.03	.000	152.24	.01
OPTICIAN	409	914		10,103.41	11.05	.033	24.70	.37
PHYSICAL THERAPIST	95	978		13,364.54	13.67	.035	140.68	.48
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	53	88		8,907.92	101.23	.003	168.07	.32
PROSTHETICS	32	62		8,028.26	129.49	.002	250.88	.29
ORTHOTICS	21	26		879.66	33.83	.001	41.89	.03
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	27	59		3,181.63	53.93	.002	117.84	.12
HOSPICE SERVICES	2	8		1,240.42	155.05	.000	620.21	.04
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	337	1,847		22,081.68	11.96	.067	65.52	.80
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	764	59,474		61,797.08	1.04	2.154	80.89	2.24
@CALIF. CHILDREN SERVICES*	90	1,389	\$	237,223.90	\$ 170.79	.050	\$ 2635.82	\$ 8.59
@XOVER EXCLUDING STATE HOSP**	1,868	17,366	\$	306,097.44	\$ 17.63	.629	\$ 163.86	\$ 11.09

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.